saif

Wage Request Form

Worker:

- Gross wages for pay periods 52 weeks prior to the date of injury. *Do not include "tool rental" in the gross wage entries.*
- SAIF claim number:
- Does the worker receive other considerations? (for example, subsistence/travel pay, housing, meals, etc.)? Yes ____ No ____
- If yes, please provide amount and payment frequency: _____

• Please provide an explanation for "other gross earnings" entries.

Date of injury:

• Is the worker a union member? Yes ___ No___ If yes, provide the name and number of the local union:

• Note any rate changes. Please also include the rate used for sick or vacation time.

Employment start date (if less than 52 weeks)]				
Pay period begin date	Pay period end date	Regular hours worked (Includes sick, vacation, holiday)	Base pay hourly rate \$	Overtime hours worked	Overtime hourly rate \$	Regular gross earnings (Includes sick, vacation, holiday)	Other gross earnings (e.g.,overtime, bonus, shift differential, commission, tips)	Explanation (Using this key may be helpful) O=overtime, B=bonus, SD=shift differential, C=commission, T=tips

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Preparer name and title (please print)	Signature (form must be signed)	Date	
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