

Wage Request Form

Gross wages for pay periods 52 weeks prior to the date of injury. Do not include "tool rental" in the gross wage entries.
 Note any rate changes. Please also include the rate used for sick or vacation time.
Please provide an explanation for "other gross earnings" entries.
 Does the worker receive other considerations? (for example, subsistence/travel pay, housing, meals, etc.)? Yes No _
If yes, please provide amount and payment frequency:
Is the worker a union member? Yes No If yes, provide the name and number of the local union:

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

Wage Request Form	worker:	Worker:			SAIF claim number:			
Preparer name and title (please print) Signature (form must be signed) Date								
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