

WORKERS' COMPENSATION COMMISSION

STATEMENT OF WAGE INFORMATION

The information below is provided pursuant to LE, §9-602(a)(2), Annotated Code of Maryland and COMAR 14.09.03.06.
 This form should be submitted before the consideration date or to provide updated wage information.

Employer's Name _____

Employee's Name _____

*Was this employee provided free rent, lodging, board, tips or other allowances in addition to the above earnings?
 If "yes", the weekly or bi-weekly value must be included in the "Other Allowances" Column.

When the employee is paid weekly, complete each row for the most recent 14 weeks where wages were paid. If paid alternate weeks please enter in the clear, even-numbered rows. If paid on any other schedule, please use the worksheet on page 2 to calculate the average weekly wage. If less than 14 weeks were worked by the employee, use the worksheet on page 2.

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TOTALS					
TOTAL		divided by number weeks worked (where wages are paid/indicated)	14	=	Average Weekly Wage

I HEREBY CERTIFY that on this _____ day of _____, _____, service of the foregoing was made in accordance with COMAR 14.09.01.03.

SUBMITTED BY:

Name _____ Signature _____
 Company _____ Title _____
 Street _____
 City _____ State _____ ZIP Code _____
 Telephone _____ Email address _____



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STATEMENT OF WAGE INFORMATION

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- A. Inclusive dates used in wage statement _____ to _____
- B. Number of days used in calculation _____
(Minimum 98 days to capture 14 weeks)
- C. Gross wages _____
(including overtime, free rent, lodging,
board, tips & other allowances)
- D. Daily Rate (C ÷ B)

Average Weekly Wage (D x 7)