



Employee Lost Wage Affidavit

Employee's Name: _____

Name of Employer: _____

Employer Address: _____

Joh Title/Occupation: _____

Duties: _____

Full-time OR Part time? _____

Number of days/ hours working per day at time of Accident: _____

Last day worked prior to accident: _____ Date returned to work: _____

Days/hours missed from work: _____

Rate of Pay at Time of Accident: \$ _____ per _____

Gross Pay lost while out of work: _____

Employee's Printed Name

Title

Employee's Signature

Date