

WAGE AND SALARY VERIFICATION

Employer: _____

Employee: _____
(Name) (Position)

Dates of Employment: From: _____ Through: _____

Average Number of Hours Worked Per Week: _____

Wage or Salary as of the Date of Absence:

Regular Pay = \$ _____ Per _____

Overtime Pay = \$ _____ Per _____

Other Pay, Benefits, etc. _____

Dates Absent Following Accident:

From: _____ Through: _____

From: _____ Through: _____

From: _____ Through: _____

Total Number of Hours Lost: _____

TOTAL GROSS WAGES LOST: _____

Other Benefits Lost: _____

By: _____

Title: _____

Phone # _____

Date: _____

Return to: Inman Kaminow, P.C.
9200 Corporate Blvd.
Suite 480
Rockville, Maryland 20850
(301) 315-9400