Wage Request Form

saifcorporation

Worker:

SAIF claim number:

Date of injury:

- 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

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