

**KENTUCKY**  
**DEPARTMENT OF WORKERS' CLAIMS**

**CLAIM NO.** \_\_\_\_\_

\_\_\_\_\_

**PLAINTIFF/EMPLOYEE**

**VS**

**WAGE CERTIFICATION**

\_\_\_\_\_

**DEFENDANT/EMPLOYER**

1. Date of Injury/Exposure as reported on Claim Form \_\_\_\_\_

2. Method of Wage Payment (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Hourly Amount _____        | <input type="checkbox"/> Daily Amount _____              |
| <input type="checkbox"/> Weekly Salary Amount _____ | <input type="checkbox"/> Monthly Salary Amount _____     |
| <input type="checkbox"/> Yearly Salary Amount _____ | <input type="checkbox"/> Output of Employee Amount _____ |

3. Date of Hire or Employment: \_\_\_\_\_

4. Did Employer provide any of the following (check appropriate ones):

- |                                  |                               |                                  |
|----------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Board   | <input type="checkbox"/> Rent | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Fuel |                                  |

5. Did Employee (check appropriate ones):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Work Overtime | <input type="checkbox"/> Receive Gratuities | <input type="checkbox"/> Paid Vacation/Holidays |
|--|---|---|

Plaintiff/Employee's Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

<u>Weeks Worked</u> <u>Month/Day/Year</u>	<u>Total Regular</u> <u>and Overtime</u> <u>Hours Worked</u>		<u>Regular</u> <u>Hourly Rate</u>		
1. _____	_____	X	_____	=	_____
2. _____	_____	X	_____	=	_____
3. _____	_____	X	_____	=	_____
4. _____	_____	X	_____	=	_____
5. _____	_____	X	_____	=	_____
6. _____	_____	X	_____	=	_____
7. _____	_____	X	_____	=	_____
8. _____	_____	X	_____	=	_____
9. _____	_____	X	_____	=	_____
10. _____	_____	X	_____	=	_____
11. _____	_____	X	_____	=	_____
12. _____	_____	X	_____	=	_____
13. _____	_____	X	_____	=	_____

**Total:** \$ \_\_\_\_\_

**÷ by 13 weeks =** \$ \_\_\_\_\_

14. _____	_____	X	_____	=	_____
15. _____	_____	X	_____	=	_____
16. _____	_____	X	_____	=	_____
17. _____	_____	X	_____	=	_____
18. _____	_____	X	_____	=	_____
19. _____	_____	X	_____	=	_____
20. _____	_____	X	_____	=	_____
21. _____	_____	X	_____	=	_____
22. _____	_____	X	_____	=	_____
23. _____	_____	X	_____	=	_____
24. _____	_____	X	_____	=	_____
25. _____	_____	X	_____	=	_____
26. _____	_____	X	_____	=	_____

**Total:** \$ \_\_\_\_\_

**÷ by 13 weeks =** \$ \_\_\_\_\_

<u>Weeks Worked</u> <u>Month/Day/Year</u>	<u>Total Regular</u> <u>and Overtime</u> <u>Hours Worked</u>		<u>Regular</u> <u>Hourly Rate</u>	=	
27. _____	_____	X	_____	=	_____
28. _____	_____	X	_____	=	_____
29. _____	_____	X	_____	=	_____
30. _____	_____	X	_____	=	_____
31. _____	_____	X	_____	=	_____
32. _____	_____	X	_____	=	_____
33. _____	_____	X	_____	=	_____
34. _____	_____	X	_____	=	_____
35. _____	_____	X	_____	=	_____
36. _____	_____	X	_____	=	_____
37. _____	_____	X	_____	=	_____
38. _____	_____	X	_____	=	_____
39. _____	_____	X	_____	=	_____

**Total:**      \$ \_\_\_\_\_

**÷ by 13 weeks =** \$ \_\_\_\_\_

40. _____	_____	X	_____	=	_____
41. _____	_____	X	_____	=	_____
42. _____	_____	X	_____	=	_____
43. _____	_____	X	_____	=	_____
44. _____	_____	X	_____	=	_____
45. _____	_____	X	_____	=	_____
46. _____	_____	X	_____	=	_____
47. _____	_____	X	_____	=	_____
48. _____	_____	X	_____	=	_____
49. _____	_____	X	_____	=	_____
50. _____	_____	X	_____	=	_____
51. _____	_____	X	_____	=	_____
52. _____	_____	X	_____	=	_____

**Total:**      \$ \_\_\_\_\_

**÷ by 13 weeks =** \$ \_\_\_\_\_

**CERTIFICATION**

I certify that the above wage information is a true and accurate accounting of the wages of \_\_\_\_\_ from the date of employment or fifty-two weeks prior to the date of the injury/last exposure as set forth in the Claim Form, whichever is shorter.

Plaintiff/Employee

\_\_\_\_\_  
**Name of Company**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**CERTIFICATE OF SERVICE**

Unless this form has been submitted electronically, I certify that the original of this wage certification was mailed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to the Commissioner and a copy of the same to Counsel of record and the assigned Administrative Law Judge.

\_\_\_\_\_  
**Attorney for the Defendant/Employer**