**Form AWW-POST**
**Average Weekly Wage Certification-Post Injury**
October 2016 Edition

# 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):

☐ Hourly Amount _____ ☐ Daily Amount _____

☐ Weekly Salary Amount_____ ☐ Monthly Salary Amount _____

☐ Yearly Salary Amount _____ ☐ Output of Employee Amount _____

3. Date of Return to Work:_____

4. Place of Return to Work: _____.

5. Does Employer provide any of the following (check appropriate ones):

☐ Board ☐ Rent ☐ Housing

☐ Lodging ☐ Fuel

6. Does Employee (check appropriate ones):

☐ Work Overtime ☐ Receive Gratuities ☐ Paid Vacation/Holidays

**Plaintiff/Employee's Name:** _____

**Claim Number:** _____

| | **Weeks Worked Month/Day/Year** | **Total Regular and Overtime Hours Worked** | | **Regular Hourly Rate** | | |
|---|---|---|---|---|---|---|
| 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 = $**_____

| | **Weeks Worked Month/Day/Year** | **Total Regular and Overtime Hours Worked** | | **Regular Hourly Rate** | | |
|---|---|---|---|---|---|---|
| 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 hereby certify that the above wage information is a true and accurate accounting of the

wages of _____ subsequent to the date of the injury/last exposure set
Plaintiff/Employee

forth in the Claim Form.

_____
**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**