

**KENTUCKY  
DEPARTMENT OF WORKERS CLAIMS**

**CLAIM NUMBER** \_\_\_\_\_

\_\_\_\_\_

**PLAINTIFF**

**VS**

**WAGE CERTIFICATION**

\_\_\_\_\_

**DEFENDANTS**

---

1. Date of Injury/Exposure as reported on Form 101/102/103: \_\_\_\_\_

2. Method of Wage Payment (check one):

Hourly

Daily

Weekly Salary

Monthly Salary

Yearly Salary

Output of Employee

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

4. Status or Classification of Employment (check one):

Part-time

Full-time

Probationary

Seasonal

Volunteer

Apprentice/Trainee

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

Board

Rent

Housing

Lodging

Fuel

6. Did Employee (check appropriate ones):

Work Overtime

Receive Gratuities

Paid Vacations/Holidays

Claimant's Name: \_\_\_\_\_

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

<u>Weeks Worked</u> <u>Month/Day/Year</u>	<u># of Regular</u> <u>Hours Worked</u>		<u># of Overtime</u> <u>Hours Worked</u>		<u>Regular</u> <u>Hourly Rate</u>		<u>Weekly Wage</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	_____	=	_____
					<b>Total:</b>		<b>\$</b> _____
					<b>÷ By 13 weeks</b>		
					<b>=</b>		<b>\$</b> _____
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	_____	=	_____
					<b>Total:</b>		<b>\$</b> _____
					<b>÷ By 13 weeks</b>		
					<b>=</b>		<b>\$</b> _____

Claimant's Name: \_\_\_\_\_

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

<b>Weeks Worked Month/Day/Year</b>	<b># of Regular Hours Worked</b>	<b># of Overtime Hours Worked</b>	<b>Regular Hourly Rate</b>	<b>Weekly Wage</b>
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 (claimant's name) \_\_\_\_\_ from the date of employment or fifty-two weeks prior to the date of the injury/last exposure as set forth in the Form 101/102/103, whichever is shorter.

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

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

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

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

**CERTIFICATE**

It is hereby certified 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 Defendant Employer**