

Premises Accident Wage form

**FIRM LETTERHEAD**

**WAGE AND BONUS LOSS FORM**

DATE \_\_\_\_\_

TO THE EMPLOYER:

This wage and bonus loss form is for the benefit of your employee in his or her claim arising out of a premises incident. It will be to your employee's advantage if this form is filled out completely.

Employer name: \_\_\_\_\_

Company address: \_\_\_\_\_

Name of employee: \_\_\_\_\_

Social security no. : \_\_\_\_\_

Telephone: \_\_\_\_\_

Date employed: \_\_\_\_\_

Time lost from work : from \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Bonus, commission or overtime lost, if any : \$ \_\_\_\_\_

Employee's regular duties:

Comments:

Signed \_\_\_\_\_

Official title \_\_\_\_\_

Telephone \_\_\_\_\_

I hereby authorize my employers to release the requested wage and bonus information to my attorneys:

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Employee signature:

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Date:

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