

WAGE AND SALARY VERIFICATION

Client/Employee Name: _____

Injury Date: _____

Social Security Account Number: _____

To Whom It May Concern:

The Jewkes Firm, LLC, has been retained to represent the above named in an action for personal injuries sustained on the above date of injury. Please furnish The Jewkes Firm, LLC (770-771-5130) with the information requested. Your full cooperation is appreciated.

Date

Client's Signature

1. Date Employed: _____ through _____

2. Employee's/client's position: _____

3. Dates of absences following injury: _____ through _____

Date returned to work: _____

Total hours missed: _____

4. Usual number of hours worked per week: _____

5. Is employee able to return to full duty without restrictions of duties, hours or salary?

Yes _____ No _____

6. What sick leave policy, if any? (Is employee paid for sick days?)

7. If no longer employed, last date of employment: _____

8. Wages as of today: Hourly _____ OR Week _____

9. Total wages / salary missed since date of injury: _____

Employer Name: _____

Address:

Person completing form: _____ Title: _____

Signature: _____ Dated: _____