

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

**EMPLOYER'S STATEMENT OF WAGE EARNINGS
(Preceding the Date of Accident)**

1. W.C.B. CASE NO.	2. CARRIER'S CASE NO.	3. DATE OF ACCIDENT	4. EMPLOYEE'S SOC. SEC. NO.
NAME		ADDRESS	
APT.			
5. INJURED EMPLOYEE			
6. CARRIER			
7. EMPLOYER			

8. Employee was employed at awage for aday week.
(hourly, daily, weekly or monthly) (5, 6 or 7)

9. Was injured employee in military service during the 52 week period immediately preceding the date of accident?.....

If "Yes", give date of discharge.....

INSTRUCTIONS:

1. Give gross weekly earnings for the 52 weekly periods immediately preceding the date of accident.
2. If injured employee has not worked at the same work for a year or a substantial part thereof (234 days for a 5 day week, 270 days for a 6 day week) give the weekly gross earning of another employee of the same class who has worked for a year or a substantial part thereof immediately preceding the date of accident.

10. The following is a schedule of gross wage earnings for the 52 weeks immediately preceding the date of accident of: (Check "X" one)

The injured employee named in item 5 above.

.....
(Name of employee of the same class) (Address)

Week No.	Week Ending Date	Days Worked	Gross amount paid including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				TOTAL			
18				36							

11. Was this employee given free rent, lodging, board, tips, bonus or other allowance in addition to the above earnings?.....
If "Yes", state weekly value thereof \$..... Describe:.....

12. Was there any wage adjustment made affecting the 52 week period scheduled above? If "Yes", explain:.....

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT:

Date.....

Prepared by.....

Tel. No. & Ext.

Official Title.....

INSTRUCTIONS TO THE EMPLOYERS

Reports should be sent directly to the district offices at these addresses:

ALBANY 12241 - 100 Broadway, Menands. (866) 750-5157 For all accidents in following counties: Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Ulster, Warren, Washington.

BINGHAMTON 13901 - State Office Building, 44 Hawley Street. (866) 802-3604 For all accidents in following counties: Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuylar, Sullivan, Tioga, Tompkins.

BUFFALO 14202 - 369 Franklin Street. (866) 211-0645 For all accidents in following counties: Cattaraugus, Chautauqua, Erie, Niagara.

ROCHESTER 14614 - 130 Main Street West. (866) 211-0644 For all accidents in following counties: Allegany, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates.

SYRACUSE 13203 - 935 James Street. (866) 802-3730 For all accidents in following counties: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence.

DOWNSTATE CENTRALIZED MAILING (for New York City, Hempstead, Hauppauge & Peekskill district offices) - PO Box 5205, Binghamton, NY 13902-5205. NYC (800) 877-1373 Hemp. (866) 805-3630 Haup. (866) 681-5354 Peek. (866) 746-0552 For all accidents in following counties: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester.

Statewide Fax Line: 877-533-0337

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