

Department of Labor, Workers'
Workers' Compensation
PO Box 488
Montpelier, VT 05601-0488
(802) 828-2286; TDD 800-650-4152

www.labor.vermont.gov

DOL FORM 25	(Rev. 1/2018)
State File No.	
Ins. Co. File No.	
Date of Injury	•
Fed. ID No.	

WAGE STATEMENT - For injuries occurring on or after July 1, 2008

Emplo	yee:							
Emplo	yer:							
Wage	Rate: \$		per		Number of Days Hire	ed to Work: Num	ber of Hours Hired to Work:	
	***	1.5.1					This in the state of the state	
	Wee	Week Ending		Number of	Gross Wages	Extras (as in 6 or 7) Please indicate what the	INSTRUCTIONS: Read Carefully	
	Month	Day	Year	Hours		extra is, for example,		
				or Days Worked		\$1000.00 bonus	1. Enter <b>GROSS</b> wages of employee for 26 weeks before date of accident	
1				Worked			(NOT take-home pay).	
2							2. Do not include the week of the	
3							accident.  3. Leave blank those weeks in which	
4							the employee had excused absences	
5							for which he/she was paid for less than ½ of a work week.	
6							4. Leave blank those weeks in which	
7							you had reduced operations or a plant	
8							shutdown and for which the employee was paid for less than ½ of a work	
9							week.	
10							5. Do not enter those weeks in which an employee was on vacation for more	
11							than ½ of a work week.	
12							6. If room, board, lodging or other	
13							"extras" (electricity, fuel, etc.) are provided in addition to monetary	
14							wages, break these down into a	
15							weekly value, and include and describe the income in the column	
16							marked "EXTRAS." This includes	
17							tips if not included in gross wages. 7. Include any bonuses and	
18							commissions paid to the employee in	
19							addition to wages in the column	
20							marked "EXTRAS."  8. Enter the dates when your normal	
21							work week ends (not the date a check	
22							is issued to the employee) and the number of hours or days worked.	
23							— indiniser of nodes of days worked:	
24								
25								
26								
When	did the emp	oloyee begi	n losing time	?	Was the em	ployee paid in full for the day	of the accident?	
Are employee's wages subject to any child support withholding order?   Yes  No per   If yes, in what amount?   per								
Day of	f the week	the check v	will be maile	d to the clai	mant or deposited in	the claimant's account		
This is a correct statement of the employee's earnings as taken from the employer's payroll records.								
By:					P	osition Title:		
Signature of Preparer								
Print N	Name:	Date:						