Department of Labor, Workers'
DOL FORM 25
(Rev. 1/2018)
Workers' Compensation
PO Box 488
State File No.
Montpelier, VT 05601-0488
Ins. Co. File No.
Date of Injury
Fed. ID No. $\qquad$
WAGE STATEMENT - For injuries occurring on or after July 1, 2008
Employee: $\qquad$
Employer:
Wage Rate: \$ $\qquad$ per $\qquad$ Number of Days Hired to Work: $\qquad$ Number of Hours Hired to Work:

| Week Ending |  | Number <br> of <br> Hours <br> or Days <br> Worked |  | Gross Wages |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Month | Day | Year | Extras (as in 6 or 7) <br> Please indicate what the <br> extra is, for example, <br> \$1000.00 bonus |  |  |  |
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| 26 |  |  |  |  |  |  |

## INSTRUCTIONS: Read Carefully

1. Enter GROSS wages of employee for 26 weeks before date of accident (NOT take-home pay).
2. Do not include the week of the accident.
3. Leave blank those weeks in which the employee had excused absences for which he/she was paid for less than $1 / 2$ of a work week.
4. Leave blank those weeks in which you had reduced operations or a plant shutdown and for which the employee was paid for less than $1 / 2$ of a work week.
5. Do not enter those weeks in which an employee was on vacation for more than $1 / 2$ of a work week.
6. If room, board, lodging or other "extras" (electricity, fuel, etc.) are provided in addition to monetary wages, break these down into a weekly value, and include and describe the income in the column marked "EXTRAS." This includes tips if not included in gross wages. 7. Include any bonuses and commissions paid to the employee in addition to wages in the column marked "EXTRAS."
7. Enter the dates when your normal work week ends (not the date a check is issued to the employee) and the number of hours or days worked.

When did the employee begin losing time? $\qquad$ Was the employee paid in full for the day of the accident?
Are employee's wages subject to any child support withholding order? $\square$ Yes $\square$ No
If yes, in what amount?
\$ $\qquad$ per $\qquad$

## Day of the week the check will be mailed to the claimant 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:
Position Title:
Signature of Preparer
Print Name: $\qquad$ Date:

