THE STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

CONCORD, NH 03301

WAGE SCHEDULE

Employee_____
(Name)

Date of hire_____ Wages per hour_____ Avg. wkly. earnings_____

Employer_____
(Name)

Address_____
(No.) (Street) (City – State)

EMPLOYER MUST FORWARD TO INSURANCE CARRIER <u>BOTH COPIES</u> OF THIS SCHEDULE AND CARRIER'S COPY OF THE SUPPLEMENTAL REPORT FORM NO. 13 WCA NO LATER THAN EMPLOYEE'S FIFTEENTH DAY OF DISBAILITY RESULTING FROM INDUSTRIAL ACCIDENT.

THIS WAGE SCHEDULE IS FOR 26 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA

WEEK ENDING		1 GROSS EARNINGS	2 OTHER ADVANTAGES (See Wages Definition)	3 TOTAL Columns 1 & 2
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WAGES:

In addition to money payments, means resonable value of board, rent, housing, lodging, fuel or similar advantage received from the employer, and gratuities received in the course of employment for others, but not including any sum paid by the employer to cover any special expenses entailed on the employee by the nature of his employment.

Please provide a brief explanation for weeks with no wages.

RSA 281-A:2, Par. XV.

Carrier Name_____ _____
(Employer's Signature)

Address_____ _____
(Title)

Dept. Approval_____ Date _____

76 WCA (12-90) White – Labor Dept. (Mail to Carrier) Canary – Insurance Carrier (Mail to Carrier)