EMPLOYEE WAGE FORM
(To Be Completed And Signed By Employer)

Employee Name: _____

Employee Social Security Number: _____

Employer Name: _____Tele: _____Ext. _____

Address: _____
City State Zip Code

WAGES FOR THE LAST 13 WEEKS

WEEK	PAY PERIOD ENDING	GROSS WAGES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

1. Is the employee currently working? _____(yes/no), If no, when was the last day worked? _____

2. If the employee is not currently working, will the employee be returning to work? _____(yes/no) Expected return date _____

I certify the wage information regarding the person named above is true and accurate.

Date: _____ **Signed: _____**
Signature of Employer or
Employer's Representative

SOUTHERN ILLINOIS HEALTHCARE