

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Employer Name]
[Attention: Payroll/HR Department]
[Employer Address]
[City, State, Zip Code]

RE: Workers' Compensation Wage Statement Request

To Whom It May Concern,

I am writing to formally request a completed Wage Statement (Form [Insert Local Form Number, e.g., WC-1 or DWC-1]) regarding my workers' compensation claim for the injury that occurred on [Date of Injury].

Please provide a detailed record of my gross earnings for the [Insert Number, e.g., 52] weeks immediately preceding the date of my injury. This statement should include all wages, overtime, bonuses, and any other reportable income or fringe benefits earned during this period.

This information is necessary to accurately calculate my Average Weekly Wage (AWW) and ensure that my indemnity benefits are paid at the correct rate. Please provide this document to me and my insurance adjuster within [Insert Number of Days] days of receipt of this letter.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
Claim Number: [Your Claim Number]