

WAGE STATEMENT

EMPLOYEE: _____

EMPLOYER: _____

DATE EMPLOYED: _____

EMPLOYEE'S WORK IS: _____ TEMPORARY/ON CALL _____ PART-TIME _____ REGULAR
(CHECK ONE) _____ INTRODUCTORY _____ FULL-TIME

IF EMPLOYEE IS A NEW HIRE AND THERE ARE NO WAGES AVAILABLE, PLEASE INDICATE AVERAGE NUMBER OF HOURS EXPECTED TO WORK.

RATE OF PAY: _____ PER HOUR # OF HOURS WORKED: _____ PER WEEK

DATE OF LAST PAY INCREASE: _____

IF THE EMPLOYEE IS DUE FOR A PAY INCREASE, PLEASE SPECIFY EFFECTIVE DATE AND AMOUNT:

[illegible]

TOTAL DAYS:

TOTAL: \$

REMARKS: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNED: _____ DATED: _____