



WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE

Weeks	Straight Time Worked		Wages Paid For Straight Time	Overtime Hours Worked		Wages Paid for Overtime
	Days	Hours		Days	Hours	
1						
2						
3						
4						
5						
6						
7						
8						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
Total						

AWCC No.
Carrier Claim No.
Employee Name:
Employee S.S.No.:
Employer Name:
Employer FEIN No.:
Carrier or Self-Insured Name:
Carrier NAIC No.:
<p>INSTRUCTIONS FOR COMPLETING WAGE STATEMENT (To be completed only if claimant receives less than maximum benefits)</p> <p>In completing the Wage Statement, in week one give information for the week prior to the injury and follow with preceding weeks. Days and hours of straight time work should be given in all cases.</p> <p>Explanation of time lost by employee: _____ _____ _____ _____</p>
W

AWCC Form W
(Wage Statement)

1. The **AWCC Advisory 88-1** requires respondents to file **Form W** (with the AWCC file number for the case, obtained from **AWCC Form A-110**) if the claimant receives less than the maximum compensation rate.
2. The average weekly wage of the injured worker shall "[I]n no case..be computed on less than a full-time workweek in the employment." [Ark . Code Ann. § 11-9-518(a)(1)]

Information on Form W is available from the Office Services Section. General Information is available from the Support Services Division. (1-800-622-4472 or 501-682-3930)

Ark. Code Ann. §11-9-106(a): "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."