

DEPT. OF ADMINISTRATIVE SERVICES

## 26 WEEK WAGE HISTORY

Employee Name:	
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Date of Injury: \_\_\_\_\_

Pay Period	<u>Overtime</u> <u>Paid</u>	<u>OT Hours</u> <u>Worked</u>	<u>Base Hourly</u> <u>Rate</u>	<u>Gross Pay</u> (Reg. Hrs. x Base Rate)	<u>Date Paid</u>

Completed By: \_\_\_\_\_

Title: