

**EMPLOYER'S WAGE VERIFICATION FORM  
(Pursuant to NRS 616C.045(2)(d))**

Please provide the following information for the employee named below by completing this form. The information is needed so that the amount of disability compensation to which your employee is entitled may be calculated. Prompt completion and return of this form will ensure the timely payment of any compensation due this injured worker. Please answer all questions and sign the form where indicated.

**EMPLOYER: PLEASE PROVIDE THE FOLLOWING INFORMATION ANSWERING ALL QUESTIONS**

Date: \_\_\_\_\_ Injured Employee's Name (Last/First/M.I.): \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Claim No.: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Was employee hired to work 40 hours per week:  Yes  No If no, # of hours per week: \_\_\_\_\_ # of days per week: \_\_\_\_\_  
 On the date of injury, the employee's wage was: \$ \_\_\_\_\_ per  Hour  Day  Week  Month Date the wage became effective: \_\_\_\_\_  
 Was vacation paid during the applicable twelve week period? \_\_\_\_\_ If so, during what pay period? \_\_\_\_\_  
 Was sick leave paid during the applicable twelve week period? \_\_\_\_\_ Was the injured employee paid for any holidays during the applicable twelve week period? \_\_\_\_\_ Did employee receive payment for overtime during the applicable twelve week period? \_\_\_\_\_ Did employee receive termination pay during the applicable twelve week period? \_\_\_\_\_  
 Provide prior wage if current wage was in effect less than 12 weeks prior to date of injury: \$ \_\_\_\_\_ per  Hour  Day  Week  Month  
 During this 12-week period did employee change to a job with different (1) duties, (2) hours of employment, (3) rate of pay?  Yes  No  
 If so, date: \_\_\_\_\_ Explain: \_\_\_\_\_  
 Does the employee receive commissions?  Yes  No Period of commission earned \_\_\_\_\_ to \_\_\_\_\_.  
 Indicate the amount of commission received over the last 6 months, or since date of hire: \$ \_\_\_\_\_  
 Does the employee receive bonuses/incentive pay?  Yes  No Period of bonuses/incentive pay earned \_\_\_\_\_ to \_\_\_\_\_.  
 Indicate the amount of bonuses received over last 12 months, or since date of hire: \$ \_\_\_\_\_  
 Are the commission and bonus amounts included in GROSS EARNINGS below?  Yes  No  
 Does the employee declare tips for the purpose of worker's compensation?  Yes  No **See payroll declaration below. Attach declaration forms.**  
 Does the employee receive meals or lodging (excluding reimbursement for travel per diem)?  Yes  No **(Do not include in gross earnings)**  
 How many meals per day? \_\_\_\_\_ Monetary value of meals \$ \_\_\_\_\_ per  Day  Week  Month  
 Lodging \$ \_\_\_\_\_ per  Day  Week  Month

**TWELVE WEEK VERIFICATION FROM PAYROLL RECORDS.** Report GROSS EARNINGS, include overtime payment and any other remuneration (except reimbursement for expenses). (See NAC 616C.423)

Give payroll information from \_\_\_\_\_ through \_\_\_\_\_. If employed less than twelve weeks, give gross earnings from date of hire to date of injury.

<b>If absent from work for the following reasons, please specify the date(s) absent and the number code for the reason of absence.</b>							
1. Certified illness or disability; 2. Institutionalized in a hospital, or other institution; 3. Enrolled as full-time student, not employed on days of attendance; 4. In military service other than training duty conducted on weekends; 5. Absent because of officially sanctioned strike; 6. Absence because of leave approved pursuant to Family and Medical Leave Act.							
Payroll Period	Gross Salary	Declared	Payroll Period	Gross Salary	Declared		
Beginning      Ending	(Excluding Tips)	Tips	Beginning      Ending	(Excluding Tips)	Tips		
Dates of Absence	Reason	Dates of Absence	Reason	Dates of Absence	Reason		
Begin      End		Begin      End		Begin      End			
Pay period ends on (check one) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday Employee is paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other Employee scheduled day(s) off: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Other Explain "other": _____ Date the employee last worked AFTER injury occurred: _____ Date returned to work: _____							

This information is true and correct as taken from the employee's payroll records.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurer: \_\_\_\_\_ Third-Party Administrator: \_\_\_\_\_