

**WAGE AND SALARY VERIFICATION**

Client/Employee Name: \_\_\_\_\_ Accident Date: \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_

**To Whom It May Concern:**

**The firm of The Wright Firm, P.A. has been retained to represent the above named in an action for personal injuries sustained as a result of the above dated accident. Pleases furnish The Wright Firm, P.A. with the information requested. Your full cooperation is appreciated.**

\_\_\_\_\_

\_\_\_\_\_

Date

Client's Signature

1. Date Employed: \_\_\_\_\_

2. Employee's/client's position: \_\_\_\_\_

3. Dates of absences following accident: \_\_\_\_\_

4. When employee/client is entitled to next raise: \_\_\_\_\_

5. The amount of raise, if known: \_\_\_\_\_

6. What sick leave policy, if any? (Is employee paid for sick days?)  
\_\_\_\_\_

7. Date employment terminated: \_\_\_\_\_

8. Wages: Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

9. Please furnish the average weekly wage for the 13 week period before the date of accident, including overtime worked below:

**SCHEDULE OF WEEKLY EARNINGS - FOR 13 WEEKS PRIOR TO DATE OF ACCIDENT**

WEEK	FROM	TO	NO. OF DAYS WORKED	AMOUNT EARNED including overtime and extra hours	Meals	Board	Tips	WEEKLY GROSS EARNINGS
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Mail to: The Wright Firm, P.A.  
 28 East Washington Street  
 Orlando, FL 32801