

**THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
CONCORD, NH 03301
WAGE SCHEDULE**

Employee _____ (Name)
 Date of hire _____ Wages per hour _____ Avg. wkly. earnings _____
 Employer _____ (Name)
 Address _____ (No.) _____ (Street) _____ (City - State)

EMPLOYER MUST FORWARD TO INSURANCE CARRIER A COPY OF THIS WAGE SCHEDULE OR A PRINTOUT OF GROSS WAGES NO LATER THAN EMPLOYEE'S FIFTEENTH DAY OF DISABILITY RESULTING FROM INDUSTRIAL ACCIDENT.PER LAB 506.02(b)

THIS WAGE SCHEDULE IS FOR 52 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA.

| | 1 | 2 | 3 |
|-------------|------------------------------------|-------------|-------------|
| WEEK ENDING | GROSS WAGES (See Wages Definition) | WEEK ENDING | GROSS WAGES |
| 1 | | 27 | |
| 2 | | 28 | |
| 3 | | 29 | |
| 4 | | 30 | |
| 5 | | 31 | |
| 6 | | 32 | |
| 7 | | 33 | |
| 8 | | 34 | |
| 9 | | 35 | |
| 10 | | 36 | |
| 11 | | 37 | |
| 12 | | 38 | |
| 13 | | 39 | |
| 14 | | 40 | |
| 15 | | 41 | |
| 16 | | 42 | |
| 17 | | 43 | |
| 18 | | 44 | |
| 19 | | 45 | |
| 20 | | 46 | |
| 21 | | 47 | |
| 22 | | 48 | |
| 23 | | 49 | |
| 24 | | 50 | |
| 25 | | 51 | |
| 26 | | 52 | |

CarrierName _____ (Employer's Signature)
 Address _____ (Title)
 Dept. Approval _____ Date _____

GROSS WAGES: In addition to money payments, means reasonable value of board, rent, housing, lodging, fuel or similar advantage received in the course of employment plus gratuities from others, but not including any sum paid by the employer to cover any special expenses entailed by the employee by the nature of his employment. Please provide a brief explanation for weeks with no wages. RSA 281-A:2, Par XV