

State of Rhode Island
SEASONAL WAGE STATEMENT (Hired for 16 weeks or less)

PLEASE CHECK IF CORRECTION OF PRIOR REPORT

Department of Labor and Training, Division of Workers' Compensation
 PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (401) 462-8006

DWC No. _____

Insurer File No. _____

1. EMPLOYEE INFORMATION:

SSN _____

Name _____

Maximum no. of exemptions _____ Single Married

Wages for how many employers are listed below? _____

2. CLAIM INFORMATION:

Employer _____

Insurance Co. _____

Claim Administrator _____

Injury date _____

Incapacity date _____

Hire date _____

List 52 CONSECUTIVE weeks of gross wages for *any* employment held by this person within the 52 week period.

Week Number	Week Ending Date	Gross Wages	Week Number	Week Ending Date	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		

Total earnings: _____

Total earnings: _____

1. Combine total earnings listed _____

2. Divide total earnings by 52 $\div 52$ _____

3. Average Weekly Wage \$ _____

Print Preparer Name: _____ Date: _____

Print Adjuster Name: _____ Date: _____