

REQUEST FOR EARNINGS DETAILS**CLAIM NUMBER:****EMPLOYER:****EMPLOYEES NAME:****ADDRESS:****DATE OF BIRTH:****NI No:****ACCIDENT DATE:****START OF ABSENCE:****RETURNED:****IF WORK RESUMED, NORMAL DUTIES BEING PERFORMED? YES/NO****IF NO, ANY LOSS OF EARNINGS? YES/NO IF YES, PLEASE PROVIDE DETAILS****SECTION A – DETAILS OF EARNINGS FOR 13 WEEKS PRIOR TO ABSENCE**

Week Ending	Hours Worked	Gross Wage Inc Overtime	Income Tax	NI Contributions	Net Pay
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
TOTALS					

SECTION B – DETAILS OF PAYMENTS DURING ABSENCE

Week Ending	Hours Worked	Gross Wage Inc Overtime	Income Tax	NI Contributions	Net Pay
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
TOTALS					

DETAILS OF ANY WAGE INCREASES SINCE ACCIDENT:**SIGNED ON BEHALF OF EMPLOYER:****DATED:**