

**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 BOTH COPIES OF THIS SCHEDULE AND CARRIER'S COPY OF THE SUPPLEMENTAL REPORT FORM NO. 13 WCA NO LATER THAN EMPLOYEE'S FIFTEENTH DAY OF DISABILITY RESULTING FROM INDUSTRIAL ACCIDENT.

THIS WAGE SCHEDULE IS FOR 26 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA

WEEK ENDING	1	2	3	
	GROSS EARNINGS	OTHER ADVANTAGES <small>(See Wages Definition)</small>	TOTAL <small>Columns 1 & 2</small>	
1				<p style="text-align: center;">WAGES:</p> <p>In addition to money payments, means reasonable value of board, rent, housing, lodging, fuel or similar advantage received from the employer, and gratuities received in the course of employment for others, but not including any sum paid by the employer to cover any special expenses entailed on the employee by the nature of his employment.</p> <p>Please provide a brief explanation for weeks with no wages.</p> <p>RSA 281-A:2, Par. XV.</p>
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Carrier Name _____
(Employer's Signature)
 Address _____
(Title)
 Dept. Approval _____ Date _____