

PAYROLL WORKSHEET



NOTE: Submit with Form BWC-100 when lost time will exceed seven calendar days.

Employee _____ Employer/Location _____

Date of injury _____ Earnings per hour _____ Normal work week _____ Hours

Shift premium _____ Other benefits not continuing _____ \$ _____

week number	pay period ending month - day - year	regular earnings	overtime earnings	TOTAL
1				
2				
3				
4				
5				
6				
7				
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10				
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12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

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PAYROLL WORKSHEET

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week number	pay period ending month - day - year	regular earnings	overtime earnings	TOTAL
25				
26				
27				
28				
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