

**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 DISBAILTY 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 (See Wages Definition)		TOTAL Columns 1 & 2	
1						
2						
3						
4						
5						
6						
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26						

**WAGES:**

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.

Please provide a brief explanation for weeks with no wages.

RSA 281-A:2, Par. XV.

Carrier Name \_\_\_\_\_ (Employer's Signature)  
Address \_\_\_\_\_ (Title)  
Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_