

EMPLOYMENT REPORT

To be considered for wage loss benefits, the victim/claimant must have been employed at the time of the crime or must have had a promise of employment.

INSTRUCTIONS FOR VICTIM/CLAIMANT: PLEASE DO NOT WRITE ON THIS FORM.

Give a copy of this form to your employer to verify earnings for the time period of the criminal incident.

If the victim was self-employed or employed by a family member at the time of the crime, a copy of Internal Revenue Service Form 1040, which reflects the victim's/claimant's earnings for the time period of the criminal incident, must be submitted as proof of earnings to the Bureau of Victim Compensation.

This information can be faxed or mailed to this office.

INSTRUCTIONS FOR EMPLOYER: Please complete and sign this form. You can fax or mail this original form directly to the Bureau of Victim Compensation.

SECTION 1.

1. Name of Employee:

2. Job Title:

3. Social Security Number:

4. Date Hired:

5. Date Terminated: (if applicable)

6. Time missed from work as a result of the crime.

Start Date:

End Date:

7. Please check any benefits that the employee was eligible for at the time of the crime.

Workers' Compensation Disability Benefits Group Medical/Dental

Insurance

Other (please specify)

SECTION 2.

1. Average number of hours the employee works per week

HOURS:

2. If paid an hourly rate, enter hourly wage (including tips, commissions, etc.)

\$

3. If wage varies by week, show average weekly wage amount

\$

SECTION 3.

1. Business/Company Name:

2. Name of Supervisor:

3. Business Mailing Address:

City:

State:

Zip Code:

4. Supervisor's Telephone Number: ()

SECTION 4.

1. Signature of Employee Representative:

2. Title of Employee Representative:

Date Signed:

Victim:

BVC Analyst:

Claim Num: TLH

Crime Date: