



Missouri Intergovernmental Risk Management Association  
 3002 Falling Leaf Court • Columbia, Missouri 65201  
 Phone: (573) 817-2554 • Fax: (573) 441-0515 • www.mirma.org

## WAGE STATEMENT

13 Weeks of GROSS wages PRECEDING the Injury Date

EMPLOYEE: \_\_\_\_\_

Injury Date: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Full Time

Part Time

Volunteer

Week	Payroll Start Date	Payroll End Date	Gross Earnings	# of days/hours worked
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
<b>TOTAL EARNINGS</b>				

Completed By (Please Type): \_\_\_\_\_

\*Please click [gviertel@mirma.org](mailto:gviertel@mirma.org) to email this form to Gina Viertel or fax to 573-441-0515.

TO BE COMPLETED BY MIRMA ADJUSTER:

Average Weekly Wage \_\_\_\_\_

TTD Rate \_\_\_\_\_

PPD Rate \_\_\_\_\_