

## 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				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

*continued on next page*

**PAYROLL WORKSHEET**

*continued*

week number	pay period ending month - day - year	regular earnings	overtime earnings	TOTAL
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				