|  |  |  |
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| **Form AWW-1****Average Weekly Wage Certification**October 2016 Edition |  | Filed: |
| **KENTUCKY DEPARTMENT OF WORKERS’ CLAIMS** |
|  | **CLAIM NO.** |  |  |
|  |  |  |
|  |  | **PLAINTIFF/EMPLOYEE** |
| **VS** | **WAGE CERTIFICATION** |  |
|  |  | **DEFENDANT/EMPLOYER** |
|  |  |  |
| 1. Date of Injury/Exposure as reported on Claim Form |  |
|  |  |  |  |
| 2. Method of Wage Payment (check one): |  |  |
|  |  |  |
|[ ]  Hourly Amount |  |  |[ ]  Daily Amount |  |
|[ ]  Weekly Salary Amount |  |  |[ ]  Monthly Salary Amount |  |
|[ ]  Yearly Salary Amount |  |  |[ ]  Output of Employee Amount |  |
|  |  |  |  |  |  |  |  |
| 3. Date of Hire or Employment: |  |  |
|  |  |  |
| 4. Did Employer provide any of the following (check appropriate ones): |  |  |
|[ ]  Board |[ ]  Rent |[ ]  Housing |
|[ ]  Lodging |[ ]  Fuel |  |  |
|  |  |  |
| 5. Did Employee (check appropriate ones): |  |  |
|[ ]  Work Overtime |[ ]  Receive Gratuities |[ ]  Paid Vacation/Holidays |

|  |  |  |
| --- | --- | --- |
| **Plaintiff/Employee’s Name:** |  |  |
| **Claim Number:** |  |  |
|  |  |  |
|  |  |  |
|  | **Weeks Worked Month/Day/Year** |  | **Total Regular and Overtime Hours Worked** |  | **Regular Hourly Rate** |  |  |  |
| 1. |  |  |  | X |  | = |  |  |
| 2. |  |  |  | X |  | = |  |  |
| 3. |  |  |  | X |  | = |  |  |
| 4. |  |  |  | X |  | = |  |  |
| 5. |  |  |  | X |  | = |  |  |
| 6. |  |  |  | X |  | = |  |  |
| 7. |  |  |  | X |  | = |  |  |
| 8. |  |  |  | X |  | = |  |  |
| 9. |  |  |  | X |  | = |  |  |
| 10. |  |  |  | X |  | = |  |  |
| 11. |  |  |  | X |  | = |  |  |
| 12. |  |  |  | X |  | = |  |  |
| 13. |  |  |  | X |  | = |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Total: | $ |  |  |
|  | ÷ by 13 weeks =  | $ |  |  |
|  |  |  |
| 14. |  |  |  | X |  | = |  |  |
| 15. |  |  |  | X |  | = |  |  |
| 16. |  |  |  | X |  | = |  |  |
| 17. |  |  |  | X |  | = |  |  |
| 18. |  |  |  | X |  | = |  |  |
| 19. |  |  |  | X |  | = |  |  |
| 20. |  |  |  | X |  | = |  |  |
| 21. |  |  |  | X |  | = |  |  |
| 22. |  |  |  | X |  | = |  |  |
| 23. |  |  |  | X |  | = |  |  |
| 24. |  |  |  | X |  | = |  |  |
| 25. |  |  |  | X |  | = |  |  |
| 26. |  |  |  | X |  | = |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Total: | $ |  |  |
|  | ÷ by 13 weeks =  | $ |  |  |
|  |  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |  |
|  | **Weeks Worked Month/Day/Year** |  | **Total Regular and Overtime Hours Worked** |  | **Regular Hourly Rate** |  |  |  |
| 27. |  |  |  | X |  | = |  |  |
| 28. |  |  |  | X |  | = |  |  |
| 29. |  |  |  | X |  | = |  |  |
| 30. |  |  |  | X |  | = |  |  |
| 31. |  |  |  | X |  | = |  |  |
| 32. |  |  |  | X |  | = |  |  |
| 33. |  |  |  | X |  | = |  |  |
| 34. |  |  |  | X |  | = |  |  |
| 35. |  |  |  | X |  | = |  |  |
| 36. |  |  |  | X |  | = |  |  |
| 37. |  |  |  | X |  | = |  |  |
| 38. |  |  |  | X |  | = |  |  |
| 39. |  |  |  | X |  | = |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Total: | $ |  |  |
|  | ÷ by 13 weeks =  | $ |  |  |
|  |  |  |
| 40. |  |  |  | X |  | = |  |  |
| 41. |  |  |  | X |  | = |  |  |
| 42. |  |  |  | X |  | = |  |  |
| 43. |  |  |  | X |  | = |  |  |
| 44. |  |  |  | X |  | = |  |  |
| 45. |  |  |  | X |  | = |  |  |
| 46. |  |  |  | X |  | = |  |  |
| 47. |  |  |  | X |  | = |  |  |
| 48. |  |  |  | X |  | = |  |  |
| 49. |  |  |  | X |  | = |  |  |
| 50. |  |  |  | X |  | = |  |  |
| 51. |  |  |  | X |  | = |  |  |
| 52. |  |  |  | X |  | = |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Total: | $ |  |  |
|  | ÷ by 13 weeks =  | $ |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **CERTIFICATION** |  |
|  |  |  |
| I certify that the above wage information is a true and accurate accounting of the wages of |
|  |  |  from the date of employment or fifty-two weeks prior to the date |
|  | Plaintiff/Employee |  |  |
|  | of the injury/last exposure as set forth in the Claim Form, whichever is shorter. |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **Name of Company** |
|  |  |  |  |
|  |  |  | **Signature** |
|  |  |  |  |
|  |  |  | **Title** |
|  |  |  |  |
|  |  |  | **Date** |
|  |  |  |  |
| **CERTIFICATE OF SERVICE** |
|  |  |  |  |
|  | Unless this form has been submitted electronically, I certify that the original of this wage certification |
|  | was mailed this  |  | day of  |  | , 20 |  | to the Commissioner |
|  | and a copy of the same to Counsel of record and the assigned Administrative Law Judge. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **Attorney for the Defendant/Employer** |