|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 = | | | | | $ |  |  |
|  | | | | | |  | | |  | | | | |

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|  | | | | |  | | |  | | | | |
|  | **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 = | | | | | $ |  |  |
|  | | | | |  | | |  | | | | |

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|  | | | | | | **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** | | | | | |