



Header section with fields: Injured worker name, For week of, Claim number

Instructions

- Use this form when requesting wage loss compensation.
• BWC requires you to report all earnings, including checks, cash or other remuneration from any type of work activity or employment, including full-time, part-time, self-employment or commission work.
• You must provide all information requested for each job contact.
• Failure to complete the form in full could result in reductions in the benefit payable.
• Attach verification of Internet contacts to this form, e.g., e-mail confirmations, electronic receipts.
• Complete this form weekly. You should use more than one form for each week.
• Submit or mail your forms to your local customer service specialist at least every four weeks.
• Job searches may be subject to verification by BWC.
• If your employer is self-insured, mail your completed form(s) to your self-insuring employer.

Form row: Have you received earnings from working during this period? (Yes/No), If yes, amount of earnings received and type of work activity or employment (\$, Weekly, Monthly, Hourly), Attach a copy of your pay stub.

Form row: Name of employer, Telephone number ()

Form row: Address, City, State, ZIP code

Form row: Description of job for which you applied/obtained, Contact person/title, Date of contact

Form row: Method of contact (check all that apply), Did you fill out an application? (Yes/No), Were you granted an interview? (Yes/No), Result of contact (Hired, Not presently hiring, Will call, Interview scheduled, Other)

Form row: Comments

Form row: Name of employer, Telephone number ()

Form row: Address, City, State, ZIP code

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Form row: Comments

Warning: I have answered the foregoing questions truthfully and completely. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

I hereby request payment of wage loss benefits for the period listed and certify that I have contacted each potential employer and the information listed on this job search form is correct to the best of my knowledge.

Form row: Signature, Date