

**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				

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**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				
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51				
52				