

**STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027**

**WAGE STATEMENT COMPARABLE**

1. REVISION DATE:

2. WCB FILE NUMBER  
(REQUIRED):

Name of Injured Worker:

(do not list name of comparable employee)

Date of Injury:

Insurer File Number:

**Comparable #**

IS THIS COMPARABLE USED IN THE WAGE CALCULATION? PLEASE EXPLAIN.

YES

NO

22. METHOD OF CALCULATION:

102(4)(A) – SALARIED

102(4)(C) – SEASONAL WORKER

102(4)(B) – VARYING WAGES

102(4)(D) – OTHER

**23. LIST GROSS EARNINGS FOR EACH WEEK:**

WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS
1			19			37		
2			20			38		
3			21			39		
4			22			40		
5			23			41		
6			24			42		
7			25			43		
8			26			44		
9			27			45		
10			28			46		
11			29			47		
12			30			48		
13			31			49		
14			32			50		
15			33			51		
16			34			<b>WK OF INJURY</b>		
17			35			<b>24. TOTAL EARNINGS \$</b>		
18			36			<b>25. GROSS AVERAGE WEEKLY WAGE \$</b>		

26. COMMENTS:

27. PREPARER'S FULL NAME:

E-MAIL ADDRESS:

28. TELEPHONE NUMBER:

TOLL-FREE NUMBER:

29. DATE SENT TO WCB: