Bureau of Workers' Compensation

Wage Loss Statement for Job Search

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.

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.

Job contact 1

Name of employer			Telephone number ( )
Address	City	State	ZIP code
Description of job for which you applied/obtained	Contact person/title		Date of contact
Method of contact (check all that apply) ☐ In person ☐ Telephone ☐ Regular mail ☐ E-mail/Internet ☐ Fax ☐ Submitted resume'	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	
Comments			

Job contact 2

Name of employer			Telephone number ( )
Address	City	State	ZIP code
Description of job for which you applied/obtained	Contact person/title		Date of contact
Method of contact (check all that apply) ☐ In person ☐ Telephone ☐ Regular mail ☐ E-mail/Internet ☐ Fax ☐ Submitted resume'	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	
Comments			

Job contact 3

Name of employer			Telephone number ( )
Address	City	State	ZIP code
Description of job for which you applied/obtained	Contact person/title		Date of contact
Method of contact (check all that apply) ☐ In person ☐ Telephone ☐ Regular mail ☐ E-mail/Internet ☐ Fax ☐ Submitted resume'	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	
Comments			

Job contact 4

Name of employer			Telephone number ( )
Address	City	State	ZIP code
Description of job for which you applied/obtained	Contact person/title		Date of contact
Method of contact (check all that apply) ☐ In person ☐ Telephone ☐ Regular mail ☐ E-mail/Internet ☐ Fax ☐ Submitted resume'	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	
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.

Signature	Date