

PAYROLL BENEFIT ANAYLSIS (MONTHLY)

Period:			Claim Number:			
e of Pay On Date of Injury:						
Date:	Hours Missed:	Missed Work Code:	Hours Supplemented:	Supplement Code:		



Resolution Manager Only:		
Injured Worker's Average Weekly Wage:		
Workers' Compensation Benefit Paid:		
	□ Wait Period Meet	□ Retro Pay Paid
Wait Period Dates:		