

Authorization and Request for Employment Records

TO: \_\_\_\_\_ RE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_\_\_

You are hereby requested and authorize to furnish to my Attorneys:

Gill & Chamas  
655 Florida Grove Rd.  
P.O. Box 760  
Woodbridge, NJ 07095

The information requested below, concerning my loss of wages or earnings as a result of an accident which on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**EMPLOYEE**

1. Occupation and kind of work: \_\_\_\_\_
2. How long employed by you prior to date of accident: \_\_\_\_\_
3. Average number of hours per day: \_\_\_\_\_
4. Average number of days per week: \_\_\_\_\_
5. Date stopped work: \_\_\_\_\_
6. Date returned to work: \_\_\_\_\_
7. Wages or earnings before date of accident: Hourly rate: \_\_\_\_\_  
Average regular weekly pay: \_\_\_\_\_ Average weekly OT pay: \_\_\_\_\_
8. Wages or earnings after return to work: \_\_\_\_\_ Hourly rate: \_\_\_\_\_  
Average regular weekly pay: \_\_\_\_\_ Average weekly OT pay: \_\_\_\_\_
9. If any wages or earnings were paid to employee for during which he was out: (a) how much was paid (total) \$ \_\_\_\_\_, (b) for what period \_\_\_\_\_; (c) nature of payment \_\_\_\_\_.

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_