

# First 26 Weeks Wage Reimbursement Request form

Claim Number: \_\_\_\_\_

Workers Name: \_\_\_\_\_

Date Claiming From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Working: Days \_\_\_\_\_ Hours: \_\_\_\_\_  
(Days/hours employer is claiming for when worker has not been at work)

1. Normal Weekly Earning: \_\_\_\_\_  
(As per our letter)

2. Less Earnings: \_\_\_\_\_  
(Amount paid for hours worked)

3. Balance: \_\_\_\_\_  
(1 - 2 =)

Employer paid the worker 2 + 3 = \_\_\_\_\_

Please reimburse ..... as indicated above.

Balance (#3)

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_