

WAGE LOSS VERIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that _____
(name of client)

of _____
(address of client)

was employed by _____
(employer's name and address)

_____ on _____
(date of accident)

when he/she was involved in an automobile accident. At that time, he/she was earning the sum of \$ _____ per hour, \$ _____ per week, \$ _____ per month. The above individual worked _____ hours per day and _____ hours per week. Since the date of the accident, this employee has missed _____ days from the job.

(Date)

(Signature)

(Title)

This information above may be verified by calling or writing to:

Telephone: () _____

PLEASE RETURN COMPLETED FORM TO:

FRANCES S. KNOX
KNOX, BROTHERTON, KNOX & GODFREY
P.O. BOX 30848
CHARLOTTE, NORTH CAROLINA 28230-0848