

AUTHORIZATION AND REQUEST FOR EMPLOYMENT RECORDS

TO: _____ RE: _____
Name of Employee

Address

Social Security Number: _____

You are hereby requested and authorized to furnish to my Attorney whose name and address are: **Kearns & Duffy, P.C., 3648 Valley Road, P.O. Box 56, Liberty Corner, New Jersey 07938**; the information requested below, concerning my loss of wages or earnings as a result of an accident that occurred on (date) _____

Signed: _____

1. Occupation and kind of work:

2. How long employed by you prior to the date of accident:

3. Average number of hours per day:

4. Average number of days per week:

5. Date work stopped:

6. Date work began again:

7. Wages or earnings before date of accident: Hourly rate: \$_____

8. Average regular weekly pay \$_____ Average weekly overtime pay \$_____

9. Wages or earnings after return to work: Hourly rate \$_____

10. Average regular weekly pay \$_____ Average weekly overtime pay \$_____

11. If any wages or earnings were paid to employee for period during which he was out:

(a) how much was paid (total) \$_____ (b) for what period: _____

(c) nature of payment _____

ADDITIONAL REMARKS

Date of Reply: _____

By: _____

A self-addressed and stamped envelope is enclosed for the return of this form.