Form AWW-1
Average Weekly Wage Certification
Adopted January 1, 1997

KENTUCKY
DEPARTMENT OF WORKERS CLAIMS

CLAIM NUMBER _____

_____ **PLAINTIFF**

VS **WAGE CERTIFICATION**

_____ **DEFENDANTS**

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1. Date of Injury/Exposure as reported on Form 101/102/103: _____

2. Method of Wage Payment (check one):

☐ Hourly ☐ Daily

☐ Weekly Salary ☐ Monthly Salary

☐ Yearly Salary ☐ Output of Employee

3. Date of Hire or Employment: _____

4. Status or Classification of Employment (check one):

☐ Part-time ☐ Full-time ☐ Probationary

☐ Seasonal ☐ Volunteer ☐ Apprentice/Trainee

5. Did Employer provide any of the following (check appropriate ones):

☐ Board ☐ Rent ☐ Housing

☐ Lodging ☐ Fuel

6. Did Employee (check appropriate ones):

☐ Work Overtime ☐ Receive Gratuities ☐ Paid Vacations/Holidays

Claimant's Name: _____

Claim Number: _____

Weeks Worked **Month/Day/Year**	**# of Regular** **Hours Worked**		**# of Overtime** **Hours Worked**		**Regular** **Hourly Rate**		**Weekly Wage**
1.	_____	+	_____	x	_____	=	_____
2.	_____	+	_____	x	_____	=	_____
3.	_____	+	_____	x	_____	=	_____
4.	_____	+	_____	x	_____	=	_____
5.	_____	+	_____	x	_____	=	_____
6.	_____	+	_____	x	_____	=	_____
7.	_____	+	_____	x	_____	=	_____
8.	_____	+	_____	x	_____	=	_____
9.	_____	+	_____	x	_____	=	_____
10.	_____	+	_____	x	_____	=	_____
11.	_____	+	_____	x	_____	=	_____
12.	_____	+	_____	x	_____	=	_____
13.	_____	+	_____	x	_____	=	_____
					Total:		**$** _____
					÷ By 13 weeks		
					=		**$** _____
14.	_____	+	_____	x	_____	=	_____
15.	_____	+	_____	x	_____	=	_____
16.	_____	+	_____	x	_____	=	_____
17.	_____	+	_____	x	_____	=	_____
18.	_____	+	_____	x	_____	=	_____
19.	_____	+	_____	x	_____	=	_____
20.	_____	+	_____	x	_____	=	_____
21.	_____	+	_____	x	_____	=	_____
22.	_____	+	_____	x	_____	=	_____
23.	_____	+	_____	x	_____	=	_____
24.	_____	+	_____	x	_____	=	_____
25.	_____	+	_____	x	_____	=	_____
26.	_____	+	_____	x	_____	=	_____
					Total:		**$** _____
					÷ By 13 weeks		
					=		**$** _____

Claimant's Name: _____

Claim Number: _____

Weeks Worked **Month/Day/Year**	**# of Regular** **Hours Worked**		**# of Overtime** **Hours Worked**		**Regular** **Hourly Rate**		**Weekly Wage**
27.	_____	+	_____	x	_____	=	_____
28.	_____	+	_____	x	_____	=	_____
29.	_____	+	_____	x	_____	=	_____
30.	_____	+	_____	x	_____	=	_____
31.	_____	+	_____	x	_____	=	_____
32.	_____	+	_____	x	_____	=	_____
33.	_____	+	_____	x	_____	=	_____
34.	_____	+	_____	x	_____	=	_____
35.	_____	+	_____	x	_____	=	_____
36.	_____	+	_____	x	_____	=	_____
37.	_____	+	_____	x	_____	=	_____
38.	_____	+	_____	x	_____	=	_____
39.	_____	+	_____	x	_____	=	_____
					Total:		**$** _____
					÷ By 13 weeks		
					=		**$** _____
40.	_____	+	_____	x	_____	=	_____
41.	_____	+	_____	x	_____	=	_____
42.	_____	+	_____	x	_____	=	_____
43.	_____	+	_____	x	_____	=	_____
44.	_____	+	_____	x	_____	=	_____
45.	_____	+	_____	x	_____	=	_____
46.	_____	+	_____	x	_____	=	_____
47.	_____	+	_____	x	_____	=	_____
48.	_____	+	_____	x	_____	=	_____
49.	_____	+	_____	x	_____	=	_____
50.	_____	+	_____	x	_____	=	_____
51.	_____	+	_____	x	_____	=	_____
52.	_____	+	_____	x	_____	=	_____
					Total:		**$** _____
					÷ By 13 weeks		
					=		**$** _____

CERTIFICATION

I hereby certify that the above wage information is a true and accurate accounting of the wages of (claimant's name) _____ from the date of employment or fifty-two weeks prior to the date of the injury/last exposure as set forth in the Form 101/102/103, whichever is shorter.

_____

Name of Company

_____

Signature

_____

Title

_____

Date

CERTIFICATE

It is hereby certified that the original of this wage certification was mailed this _____ day of _____, 20__ to the Commissioner and a copy of the same to Counsel of record and the assigned Administrative Law Judge.

_____

Attorney for Defendant Employer