

AUTHORIZATION AND REQUEST FOR EMPLOYMENT RECORDS

TO: _____

RE: _____
Name of employee

Address

S.S.# _____

You are hereby requested and authorized to furnish to my Attorney the information requested below, concerning my loss of wages or earnings as a result of an accident which occurred on , 2001.

Drazin and Warshaw
25 Reckless Place
P.O. Box 8909
Red Bank, NJ 07701

Employee: _____

1. Occupation and type 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 \$ _____ weekly overtime pay \$ _____
8. Wages or earnings after return to work: Hourly rate \$ _____
Average regular weekly pay \$ _____ weekly overtime pay \$ _____
9. If any wages or earnings were paid to employee for a 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: _____

Title: _____