

*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 & Vaccaro, 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*

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Date of Reply: \_\_\_\_\_

By: \_\_\_\_\_

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