

**New Mexico Self-Insurers' Fund**  
**Workman's Compensation Wages 26 Weeks Prior to Accident**  
**Toll Free: 1-800-432-2036 / Fax: 505-820-0670**

**Employee Name:** \_\_\_\_\_

**Municipality:** \_\_\_\_\_

**Date of Accident / Injury:** \_\_\_\_\_

Pay Period	* Dates From - Through	\$ Gross Wages \$	
		( A ) Regular Time	( B ) Overtime & Bonuses
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
<b>Total's</b>		=====	=====

Average Weekly Gross Wages.....\$\_\_\_\_\_ [ Sum = (Total A + B) / 26 ]

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**\* Pay periods should reflect 13 bi-weekly pay periods prior to date of injury.**