



## LOSS OF WAGES CERTIFICATION – FOR COMPLETION BY CLAIMANT’S EMPLOYER

Web Reference

Employer’s Name

Phone Number

Company Registration Number

Address

Employee’s Name

Employee’s RSI Number

Employee’s RSI Class

Date Employment Commenced

Date Last Worked

Date of Notification of  
Loss of Wages

Reason for loss of wages

Date returned to work

Amount of loss of Basic Nett  
Weekly wages  
(excluding overtime,  
allowances etc.)

**(Please attach 3 official payslips dated prior to the date of injury)**

Is the above employee con-  
tributing to a company VHI or  
equivalent scheme? Yes  No

**I hereby certify that the employee is at a loss of nett weekly wages and was in permanent employment of at least 16 hours on average per week prior to the loss and no sick pay scheme is in operation.**

Personnel Officer’s /  
Managers Name  
(block capitals)

Personnel Officer’s /  
Managers Signature

Date

**Employer’s Stamp**  
(if no stamp available  
please attach a letter  
on company headed  
paper confirming the  
above details)