

GARBER LAW
1200 Laurel Oak Road, Suite 104
Voorhees, NJ 08043
Phone: (856) 435-5800 - Fax: (856) 435-7676
EMPLOYMENT AUTHORIZATION

TO:

RE:

You are hereby requested and authorized to furnish to my attorney, Joel Wayne Garber, Esquire, whose address is 1200 Laurel Oak Road, Suite 104, Voorhees, NJ 08043, the information requested below concerning my loss of earnings as a result of an accident which occurred on or about _____.

SS # _____

1. Occupation and kind 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 Weekly Wage \$ _____ Average weekly overtime \$ _____
8. Wages or earnings after return to work: Hourly rate \$ _____
Average Weekly Wage \$ _____ Average weekly overtime \$ _____
9. If any wages or earnings were paid to employee for period during which he/she was out: (a) how much was paid (total) \$ _____ (b) for what period _____
(c) nature of payment _____

DATE OF REPLY: _____

Title