

Proof of Lost Wages

Date:

To Whom It May Concern,

This letter is to certify that , employed as at , has experienced a loss of wages due to .

Employee Information

- Employee Name:
- Job Title:
- Employer Name:
- Dates of Employment:

Details of Lost Wages

- Period of Wage Loss:
- Average Weekly Earnings:
- Total Hours/Days Missed:
- Total Amount of Wages Lost:

If you require any further information, please feel free to contact me at .

Sincerely,