Employment Records Authorization

I am authorizing and requesting that you, my employer, furnish responses to the information requested below concerning my loss of wages or earnings as a result of an accident on _____.

Employee's Signature: _____ Date: _____

Employee Information:
Name: _____
Address: _____
_____
SSN: _____

Employer Information:
Organization: _____
Address: _____
_____
Supervisor: _____

Attorney: _____ Law Firm: *Levinson Axelrod, P.A.*

□	2 Lincoln Highway, P.O. Box 2905, Edison, NJ 08840	732-494-2727
□	274 Church Street, Belford, NJ 07718	732-787-3200
□	124 Route 31, Flemington, NJ 08822	908-782-6766
□	654 Lacey Road, Forked River, NJ 08731	609-971-1177
□	302 Route 206, Hillsborough, NJ 08844	908-359-0110
□	3641 Route 9 North, Howell, NJ 07731	732-730-9600
□	220 Forsgate Drive, Jamesburg, NJ 08831	732-656-3650

Please provide the following information to my attorneys regarding my employment:

- Job Title:
- Position Held or Nature of Work:
- Date of Initial Hire:
- Duration of Employment Prior to Accident:
- Date Employee Stopped Work:
- Date Employee Returned to Work:
- Total Days Missed:
- Sick Days Utilized:
- Vacation Days Utilized:
- Personal Days Utilized:
- FMLA Leave Exhausted?
- Date FMLA Leave Exhausted:

Would the employee be compensated for any unused absences at year-end or upon retirement?

If Hourly Employee:
- Hourly Rate
- Hours Per Week
- Overtime Rate
- Overtime Hours Per Week

If Salaried Employee:
- Annual Salary
- Annual Bonus

If Contract/Fee/Commission Based:
- Annual Income
- Annual Bonus

Were there any anticipated increases/decreases in the employee's compensation during the period of disability?

Disability Payments:
- Did Employee Receive Disability Benefits?
- Disability Source (e.g. private/state/federal):
- Dates Pertaining to Disability Payments:
- Total Disability Payment Amounts:

Please provide copies of any work/physician notes provided on my behalf during my period of disability.

Certification to be completed by employer's authorized representative:

Name: _____ Title: _____

Signature: _____ Date: _____