

WORK LOSS - EMPLOYER'S REPORT

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SFN 12437 (Rev. 06-2018)

Email To:
docrcompensation@nd.gov

Crime Victims Compensation
PO Box 1898
Bismarck ND 58502-1898
(701) 328-6195 / 800-445-2322

An application for assistance has been filed with our office for the employee listed below. Please complete this form and mail or email as soon as possible.

FORM MUST BE COMPLETED BY EMPLOYER YOU WERE WORKING FOR AT THE TIME OF THE CRIME INCIDENT. IF SELF-EMPLOYED, COMPLETE FORM AND SEND MOST RECENT COPY OF INCOME TAX RETURN.

Name of Employee	DOB	CVC Form Number: *Date of Crime Incident:
Employment Dates from ___/___/___ to ___/___/___	Employed (check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	
*Did employee miss work due to the crime incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, list dates from ___/___/___ to ___/___/___		
Has employee returned to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, when?	Date (if terminated) ___/___/___	
Reason employee has not returned to work		
Average Gross Weekly Wage (including tips and commissions) \$	Average Hours Worked per Week (if hourly)	Hourly Rate of Pay \$
Number of Days Worked per Week	Typical Work Week for Employee (check all days that apply) <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Was employee compensated for time absent from work? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify below the type and source and total hours paid		
Type and Source		Total Hours Paid
Name of Business	Telephone Number ()	
Signature	Date	
Print Name	Title	

****Further documentation may be required to receive lost wages/support, i.e., W-2, pay stubs or tax returns. Wages will be offset by other sources such as annual or sick leave, social security or disability.**