W: $ ______ State Comp. Rate: $ 214.00 (PT Rate) 80%: $ ______ SWC Rate: $ ______

PERIOD From	To	Compensation Weeks	AWARD FOR	Check No.	Occupat. Group Insurance	Workmen's Compensation	Supplemental Workmen's Compensation	TOTAL
/22/89			PT					

GENC 002212