

SOVA: Employer's Report – Lost Wages/Support

PSD25 07/14

State Office of Victim Assistance: 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Fax 803.734.2261

www.sova.sc.gov **** Click on payment and reimbursement guide under the "For Providers" tab for more information

Criteria for Lost Wages

There are four criteria that must be met: Employment (2) Missed time from work (3) Reportable income & (4) Disability

To the Employer: This form must be completed by your Payroll Office or Human Resource Department.
Please complete this form and return it directly to our office as soon as possible, fax is acceptable: 803.734.2261

Legal name of the injured employee (crime victim) _____

Job Type _____ Social Security # (Last 5 digits) _____ Date of Birth ____/____/____

Date the above person was first employed by you ____/____/____

Date he/she was first absent due to the crime related injury/injuries ____/____/____

Date he/she returned to work part time (if applicable) ____/____/____

Comment: _____

Date he/she returned to work full time ____/____/____

Date he/she was terminated if no longer employed by you ____/____/____

Please provide an explanation _____

Because SOVA is a payer of last resort, all sources such as annual or sick leave, long/short term disability, SSA/SSI must be exhausted before SOVA will consider lost wage benefits.

Average work hours per week _____ Average hourly wage _____ Gross salary per week _____

Was this employee compensated for time absent from work? ____ Yes ____ No

If you answered yes, complete the following:

Deduction	Amount Per Week	From Date	To Date
Unemployment	\$		
Vacation	\$		
Sick	\$		
Disability	\$		
Other (specify)	\$		

Employer _____ Address _____ Phone (____) _____

Person Completing Form (print) _____ Signature _____

Title _____ Date _____ Employer Identification Number (required) _____

**Further documentation may be required to receive lost wages/support, i.e. two pay stubs prior to the crime or copies of your last two consecutive years of your federal income tax return transcript (contact IRS for additional information 1.800.829.1040)