South Carolina Attorney General's Office
South Carolina Crime Victim Services Division
Department of Crime Victim Compensation (DCVC)

DCVC: Employer's Report – Lost Wages/Support

PSD25

Department of Crime Victim Compensation (DCVC), Edgar A. Brown Building, 1205 Pendleton Street, Room 401, Columbia, SC 29201● Telephone 803-734-1900
http://dcvc.scag.gov (Click on payment and reimbursement guide under the "For Providers" tab for more information)

The referenced person must meet the criteria for Lost Wages:

(1)Employment (2) Missed time from work (3) Reportable income (4) Disability

The referenced person has filed a claim with our program as a result of a crime committed on [Crime Date]. **This is not a claim against the employer.** We only need to verify the referenced person was employed at the time of the crime. **This form must be completed by your Payroll or Human Resource Department.**
Please complete this form and return it directly to our office by mail or fax (803)734-2261.

Legal name of the employee _____

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(s) ____/____/____
Date he/she returned to work part time (if applicable) ____/____/____
Date he/she returned to work full time ____ /____ / ____
*Date he/she was terminated if no longer employed by you ____/____/____
***Please provide an explanation** _____

Because DCVC is a payer of last resort, all sources such as annual or sick leave, long/short term disability, SSA/SSI must be exhausted before DCVC 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:

Deductions	Amount Per Week	From Date	To Date
Vacation/Sick	$		
Disability/Other (specify)	$		

Employer_____ Address _____

Phone (___) _____ Person Completing Form (print) _____

Signature _____ Title _____

Date ____/____/____ Employer Identification Number (required) _____

****Copies of your most recent pay stubs prior to the crime date or copies of the last two years tax return transcripts will be required as reportable income.**