



NO.
PAY PERIOD ENDING

NAME _____

1st DAY	IN	DATE	REG HOURS	OT	
	OUT	1			
	IN	2			
	OUT	3			
2nd DAY	IN	4			
	OUT	5			
	IN	6			
	OUT	7			
3rd DAY	IN	TOTAL			
	OUT	RATE			
	IN	AMOUNT			
	OUT	EARNINGS			
4th DAY	IN	DEDUCTIONS			
	OUT	BALANCE			
	IN	EXEMPTIONS			
	OUT	MED & SS (FICA)			
5th DAY	IN	FEDERAL TAX			
	OUT	INSURANCE			
	IN	CITY/STATE TAX			
	OUT	UNEMPLOYMENT			
6th DAY	IN	DISABILITY			
	OUT	DUES			
	IN	GARNISHMENTS			
	OUT	MISC.			
7th DAY	IN				
	OUT				
	IN				
	OUT				

PAYMENT RECEIVED IN FULL

SIGNATURE _____

