

FINAL PAY SLIP

Employee Name:  
Department:  
Position/Status:

Earnings:

TOTAL	0.00

FINAL PAY SLIP

Employee ID No.:  
Date Hired:  
Date Separated:

Deductions:

	Deducted	Unpaid
TOTAL	0.00	0.00

NET PAY 0.00

Prepared by: \_\_\_\_\_

Noted by: \_\_\_\_\_  
Department Head

Approved by: \_\_\_\_\_  
Division Head