

FINAL PAY SLIP

Employee Name:
Department:
Position/Status:

Employee ID No.:
Date Hired:
Date Separated:

Earnings:

| | |
|-------|------|
| TOTAL | 0.00 |
|-------|------|

Deductions:

| | | |
|-------|------|------|
| TOTAL | 0.00 | 0.00 |
|-------|------|------|

NET PAY 0.00

Prepared by: _____ Noted by: _____ Approved by: _____
Department Head Division Head