

FINAL PAY SLIP

Employee Name:  
Department:  
Position/Status:

Employee ID No.:  
Date Hired:  
Date Separated:

Earnings:

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TOTAL	0.00
	-----

Deductions:

	-----	Deducted	Unpaid
TOTAL		0.00	0.00
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NET PAY 0.00

Prepared by: \_\_\_\_\_ Noted by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Department Head Division Head