

FINAL PAY SLIP

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Employee Name:
Department:
Position/Status:

Employee ID No.:
Date Hired:
Date Separated:

Earnings:

TOTAL	0.00

Deductions:

	-----	Deducted	Unpaid
TOTAL		0.00	0.00
		-----	-----

NET PAY 0.00

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