



Name:  
Age:  
Gender:

Physician:  
Date:

Earnings:		Deductions:		Deducted	Unpaid
TOTAL	0.00	TOTAL	0.00	0.00	0.00

<b>NET PAY</b>	<b>0.00</b>
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Prepared by: \_\_\_\_\_ Noted by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Department Head \_\_\_\_\_ Division Head