

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