

FINAL PAY SLIP

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: _____ Department Head Approved by: _____ Division Head