FINAL PAY SLIP

Employee Name: Employee ID No.:
Department: Date Hired:
Position/Status: Date Separated:

Earnings:		**Deductions:**	**Deducted**	**Unpaid**
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TOTAL	0.00	TOTAL	0.00	0.00
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NET PAY   **0.00**

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