

# DECEASED STAFF MEMBER FINAL PAY TEMPLATE

## Payroll Settlement Worksheet

Company Name: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

### 1. DECEASED EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Position: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

### 2. BENEFICIARY / ESTATE REPRESENTATIVE INFORMATION

Recipient Name: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_ Tax ID / SSN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### 3. FINAL EARNINGS & ACCRUALS

Description of Earnings	Hours / Units	Rate	Total Amount
Regular Wages (Unpaid)			
Overtime Wages			
Accrued Vacation / PTO Payout			
Unpaid Bonuses / Commissions			
Other:			
<b>Gross Settlement Amount:</b>			

### 4. DEDUCTIONS & TAXES

Description of Deduction	Total Amount
FICA Social Security (if applicable)	
FICA Medicare (if applicable)	
Federal Income Tax (if applicable)	
State / Local Tax (if applicable)	
Benefit Deductions (Health, Life Insurance, etc.)	

Description of Deduction	Total Amount
Other Deductions / Company Property Outstanding:	
<b>Total Deductions:</b>	

**5. FINAL NET SETTLEMENT SUMMARY**

**TOTAL NET PAYABLE TO ESTATE / BENEFICIARY:**

**Payment Method:** \_\_\_\_\_ **Reference / Check #:** \_\_\_\_\_

\_\_\_\_\_  
**Prepared By (Payroll Representative Signature)**  
 Date: \_\_\_\_\_

\_\_\_\_\_  
**Authorized By (HR/Finance Manager Signature)**  
 Date: \_\_\_\_\_

\_\_\_\_\_  
**Beneficiary / Estate Administrator Acknowledgment Signature**  
 Date: \_\_\_\_\_