
PAYROLL SHEET

Pay Date: _____

Employee Name: _____	Pay Period Start: _____
Employee ID: _____	Pay Period End: _____
Department: _____	Hourly Rate: _____

EARNINGS

TYPE OF HOURS	HOURS WORKED	RATE (\$)	TOTAL EARNINGS (\$)
Regular Hours			
Overtime Hours			
Holiday / PTO			
Gross Earnings			

DEDUCTIONS

TAX / DEDUCTION DESCRIPTION	RATE / %	AMOUNT (\$)
Federal Income Tax (FIT)		
State Income Tax (SIT)		
Social Security (FICA)		
Medicare (FICA)		
Health / Insurance Premium		
Other Deductions		
Total Deductions		

Gross Pay:	
Total Deductions:	

Net Pay:

Employee Signature

Authorized Approver Signature