COMPANY: .....

ADDRESS: .....

CONTACT: .....

FINAL PAY SLIP

Termination of Employment Wages

Employee Details

NAME: .....

EMPLOYEE ID: .....

JOB TITLE: .....

DEPARTMENT: .....

Termination & Period Details

PAY PERIOD START: .....

PAY PERIOD END: .....

TERMINATION DATE: .....

PAYMENT DATE: .....

Earnings Description	Hours / Units	Rate	Amount
Regular Hours			
Overtime Hours			
Accrued Vacation Pay Out			
Severance Pay			
Payment in Lieu of Notice			
Other:			
Gross Earnings			

Deductions Description	Amount
Income Tax	
Social Security / Pension Contribution	
Health Insurance	
Company Property/Asset Non-Return Charges	
Other:	
Total Deductions	

Total Gross Earnings:	
Total Deductions:	

NET PAYOUT:	

Employer Representative Signature

Date: .....

Employee Signature (Receipt Acknowledgment)

Date: .....