EMPLOYEE PAYROLL AND WORKERS COMPENSATION LEDGER

Company Name:

Policy Number:

Policy Period:

Insurance Carrier:

EMPLOYEE NAME	CLASS CODE	JOB CLASSIFICATION	GROSS PAYROLL	EXCLUSIONS / OT PREMIUM	SUBJECT PAYROLL	WC RATE (PER $100)	ESTIMATED PREMIUM
Totals:							

Prepared By (Name & Title)

Date: _____

Authorized Representative Signature

Date: _____