STAFF ELIGIBILITY AND PAYROLL VERIFICATION SPREADSHEET

Company Name:		**Pay Period Start:**	
Department/Division:		**Pay Period End:**	
Prepared By:		**Date of Report:**	

NO.	EMPLOYEE INFORMATION			EMPLOYMENT ELIGIBILITY (I-9 / VISA)			PAYROLL VERIFICATION DETALS				
	EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE	WORK AUTHORIZATION STATUS	DOCUMENT TYPE	EXPIRATION DATE	HOURLY RATE / SALARY	HOURS WORKED	GROSS PAY	TOTAL DEDUCTIONS	NET PAY
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
							Total:				

HR/Eligibility Verification **I certify that the above listed employees have valid, active work authorization.**	Signature: Date:	**Payroll Authorization** **I certify that the hours and rates listed above are approved for payment.**	Signature: Date: