

MONTHLY HOURLY WAGES AND BENEFITS REGISTER

Pay Period:

Company Name:

Payment Date:

Department:

Prepared By:

NO.	EMP ID	EMPLOYEE NAME	HOURLY RATE	HOURS WORKED		GROSS EARNINGS			BENEFITS & ALLOWANCES		DEDUCTIONS			NET PAY	ACKNOWLEDGE / SIGNATURE
				REGULAR	OT	REGULAR	OT PAY	TOTAL GROSS	MEDICAL	OTHER	TAX	INSURANCE	TOTAL DED.		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
TOTALS															

Prepared By

Reviewed By

Approved By