

EXECUTIVE NON-COMPETE COMPENSATION

Payroll Schedule

EXECUTIVE NAME:	_____	COMPANY NAME:	_____
AGREEMENT DATE:	_____	EFFECTIVE DATE:	_____
TOTAL COVENANT AMT:	_____	PAYMENT FREQUENCY:	_____
TERMINATION DATE:	_____	NON-COMPETE TERM:	_____

The following schedule outlines the designated installment payments for non-compete compensation in compliance with the executed Executive Non-Compete Agreement. All payments are subject to applicable supplemental tax withholdings.

NO.	SCHEDULED DATE	GROSS AMOUNT	ESTIMATED TAXES	NET AMOUNT	DATE PAID	INITIALS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Total:						

PREPARED BY (PAYROLL ADMINISTRATOR)	APPROVED BY (AUTHORIZED CORPORATE OFFICER)
Date: _____	Date: _____

