WEEKLY PAYROLL REGISTER

COMPANY NAME: _____

DEPARTMENT: _____

PAY PERIOD BEGIN: _____

PAY PERIOD END: _____

PAYMENT DATE: _____

EMPLOYEE INFORMATION		HOURS WORKED			GROSS EARNINGS			DEDUCTIONS						NET PAY
EMPLOYEE NAME	HOURLY RATE	REG	OT	TOTAL	REGULAR	OVERTIME	TOTAL GROSS	FED TAX	STATE TAX	FICA	MEDICARE	OTHER	TOTAL DED.	NET PAY
Totals														

PREPARED BY _____

APPROVED BY _____

DATE APPROVED _____