RESIGNATION FINAL WAGE SETTLEMENT FORM

Payroll Department Record

EMPLOYEE INFORMATION

Employee Name:		**Employee ID:**	
Department:		**Job Title:**	
Resignation Date:		**Last Working Day:**	
Notice Period Met:		**Payment Date:**	

1. FINAL EARNINGS

Description	Rate / Basis	Amount
Basic Salary (Pro-rated for final month)		
Overtime Hours Payout		
Accrued Unused Annual Leave / PTO		
Bonus / Commission Outstanding		
Other Earnings / Severance Pay		
Gross Earnings (A)		

2. DEDUCTIONS

Description	Basis	Amount
Income Tax		
Social Security / Pension Contribution		
Salary Advance / Outstanding Loans Recovery		
Unreturned Company Property Penalty		
Other Deductions		
Total Deductions (B)		

Net Settlement Amount (A - B): _ _ _ _ _ _ _ _ _ _ _ _

COMPANY PROPERTY & CLEARANCE CHECKLIST

- ☐ Company ID Badge
- ☐ Laptop & Accessories
- ☐ Office Keys / Access Cards
- ☐ Company Cell Phone
- ☐ Uniforms / Protective Gear
- ☐ Client Files & Documents Returned

Employee Signature	Payroll Officer Signature	HR Manager Signature
Date:	Date:	Date: