

FINAL COMPENSATION SETTLEMENT

Deceased Employee Payroll Template

EMPLOYEE INFORMATION

Employee Name

Employee ID

Department

Date of Death

Last Active Work Date

Job Title

BENEFICIARY / CLAIMANT INFORMATION

Claimant Name

Relationship to Deceased

Tax ID / SSN

Contact Number

Mailing Address

GROSS EARNINGS & ACCRUALS

Description	Hours/Days	Rate	Total Amount
Unpaid Regular Wages (up to date of death)			
Overtime Wages			
Accrued Vacation / PTO Payout			
Unpaid Bonuses / Commissions			
Severance / Special Death Benefit Payments			
Other:			

Description	Hours/Days	Rate	Total Amount
Total Gross Earnings			

DEDUCTIONS & TAX ADJUSTMENTS

Description	Amount
FICA Social Security (if applicable)	
FICA Medicare (if applicable)	
Federal / State / Local Income Tax (if applicable)	
Benefits Deductions (Medical, Dental, Vision)	
Company Property / Outstanding Loans Recovery	
Other:	
Total Deductions	

FINAL NET PAYABLE SUMMARY

Total Gross Earnings (A)	
Total Deductions (B)	
Net Payable Amount to Estate / Beneficiary (A - B)	

Prepared By (Payroll Specialist)

Date

Approved By (HR / Finance Director)

Date

Beneficiary / Estate Representative Acknowledgment & Receipt

Print Name

Date