

RESTRICTIVE COVENANT PAYMENT

PAYROLL REGISTER / NON-COMPETE COMPENSATION

Company Name:

Pay Period Ending:

Payment Date:

EMP ID	EMPLOYEE NAME	COVENANT TYPE	GROSS PAYMENT	FED TAX WIT.	STATE TAX WIT.	FICA/OTHER	NET PAYMENT	REF / CHECK NO.
TOTALS								

PREPARED BY (PAYROLL SPECIALIST)

REVIEWED BY (HR MANAGER)

AUTHORIZED APPROVAL
(CFO/CONTROLLER)