TERMINATION & LAYOFF COMPENSATION

Final Payroll Statement

Company Name:

Employee Name:

Employee ID:

Department:

Notice Date:

Termination Date:

Pay Period Start:

Pay Period End:

1. FINAL EARNINGS

Description	Hours/Days	Rate ($)	Total Amount ($)
Regular Payroll Earnings (Final Period)			
Overtime Earnings			
Unused Accrued Paid Time Off (PTO) / Vacation			
Severance Pay / Layoff Compensation			
Payment in Lieu of Notice			
Bonus / Commission / Other Incentives			
Gross Final Earnings (A)			

2. DEDUCTIONS & ADJUSTMENTS

Description	Amount ($)
Federal Income Tax	
State / Local Tax	
Social Security (FICA) / Medicare	
Health/Dental/Vision Insurance Premium (Final Adjustments)	
Retirement / 401(k) Contribution	
Company Property Non-Return / Outstanding Advances	
Total Deductions (B)	

Net Pay (Gross Earnings [A] - Total Deductions [B]): _____

_____

Authorized Employer Representative / Date

_____

Employee Acknowledgment / Date