Employee Compensation Record

Name: _____ Social Security Number: _____ Full Time:_____ or Part Time: ____

Telephone Number: _____ Date of Birth: _____ Number of Exemptions: _____

Pay Period		Hours Worked																	Earnings			Deductions			
Ending Date	Date Paid	S	M	T	W	T	F	S		S	M	T	W	T	F	S	Total Regular Hours	Over-time	Regular Rate	Overtime Rate	Total	Social Security	Medi care	State In-come Tax	Net Pay