

To be completed by Employer/Office Manager

Company Name:			
Employee Name:			
Earnings:			
Hourly \$	or	Annual Salary \$	
Deduction		Amount of Deduction Per Pay Period	
Health Insurance			
Retirement			
AFLAC			
Other (specify)			
Other (specify)			
Other (specify)			
Tracking of Paid Leave Available? Please provide:			
Category	*Accrual Frequency	Accrual	Start Date
PTO			
Vacation			
Sick			
*beginning of year, each pay period or per hour worked			
Employer Signature:			Date:

