

Departmental Payroll Report

Account:

Pay Period:

Department:

Employee ID	Name	Hours	Overtime	Pay Rate	Leave Used					Gross Pay Due	Comments	
					Sick	Vacation	Comp	Holiday	LWOP			Other

State of Oklahoma , County of :

Affidavit

I, the undersigned, on oath, depose and say that I am _____ of _____ County State of Oklahoma, and I am authorized to execute this affidavit by virtue of 62 O.s. § 304; that the persons whose names are listed on the above payroll held employment in the department that I am in charge of; that the appointment or employment of each said persons has heretofore been entered of record by virtue of statute, ordinance, or contract; that each of said persons personally performed under my direct supervision the services for which compensation is claimed.

I further depose and say the foregoing pay roll is correct, that the several amounts claimed are correct, just, due and unpaid; and that the aggregate amount approved by me for payment is payable to the attached named persons, which said amount is subject to withholding of any taxes, or other deductions prescribed by law.

The approving officer further certifies that he has taken and filed the oath or affirmation required by 51 O.S. §§ 36.1 thru 36.6, and said approving officer also certifies that every other officer or employee whose name appears on said payroll has notified him in writing that he has taken and filed said oath or affirmation.

Subscribed and sworn to before me this _____ day
of _____
My commission expires: _____

Department Head: _____

Notary or clerk: _____