

EMPLOYEE'S SALARY AND WAGE RECORD

HUSBANDS NAME IF
EMPLOYEE IS MARRIED WOMAN _____

NAME _____

OFFICE OR
DEPARTMENT _____

EXEMP-
TIONS
CLAIMED

ADDRESS _____

SOCIAL SECURITY ACCOUNT NO. _____

DATE OF WARRANT	GROSS SALARY OR WAGES APPROVED	ANNUITY	GROSS SALARY LESS ANNUITY	WITHHOLDING Damon FOR								PAY EMPLOYEE		SICK LEAVE (Days)			
				FED. TAX	STATE TAX	O.A.S.I.	MEDICARE	RETIREMENT	INS.			WT. NO.	AMOUNT	NOT CHARGED	CHARGED		
Totals 1st Qtr.																	
Totals 2nd Qtr.																	
Cum. Total To Date																	
Totals 3rd Qtr.																	
Cum. Total To Date																	
Totals 4th Qtr.																	
GRAND TOTALS																	

REMARKS _____

ENTER HERE ACCUMULATED DAYS
SICK LEAVE END OF YEAR _____