Unit:_____

Office, Board, or Department:_____

Basis of Pay (Per Month, week, hour)_____

Other Compensation Type:_____

Amount:_____

Exemption Status Federal:_____

		Date of Warrant	Payroll Period	Code	Noncash Benefits	Gross Pay	Total	Federal With Tax
		Forward						
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
		Total 1st Quarter						
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
		Total 2nd Quarter						
		Total to Date						

Employee's Earnings Record

_____

_____

 State:_____

Mr, Mrs, Miss:_____

Address:_____

City:_____ Zip Code:_____

Soc Sec No:_____

			Deductions				
Social Security	Medicare	State With Tax	County With Tax	Insurance	Retirement		

Amount of Warrant	Warrant Number