

ON-LINE CHECK CALCULATION WORKSHEET



PAY PERIOD _____ AGENCY ID: _____ HOME ORG: _____ AGENCY NAME _____

EMPLOYEE NAME: _____
(FIRST) (MIDDLE) (LAST)

EMPLOYEE ID #: _____

DETAILED EXPLANATION FOR REQUEST: _____

PAY TYPE	HOURS	HRLY RATE	GROSS
_____	_____	@ _____	_____
_____	_____	@ _____ =	_____
_____	_____	@ _____ =	_____
_____	_____	@ _____ =	_____
_____	_____	@ _____ =	_____
_____	_____	@ _____ =	_____

W-4 INFORMATION TOTAL GROSS PAY
ADDED AMT FIT DEDUCTION

☐ _____ % EMPLOYEE/EMPLOYER PAID ☐ EMPLOYER PAID Retirement Deduction _____
☐ 1.45% Medicare Deduction _____
☐ 6.20% Social Security (OBRA) Deduction _____
Misc Deduction Type Amount _____
Misc Deduction Type Amount _____
Misc Deduction Type Amount _____
Misc Deduction Type Amount _____
Misc Deduction Type Amount _____

NET AMOUNT \$ _____

NOTE: IF THIS IS A REISSUED CHECK, THE DEDUCTIONS TAKEN ON THE ORIGINAL CHECK MUST BE TAKEN ON THE REISSUED CHECK, UNLESS THERE ARE INSUFFICIENT FUNDS

PREPARED BY: _____

APPROVED BY: _____

TELEPHONE NUMBER: _____

TELEPHONE NUMBER: _____

DATE: _____

DATE: _____