INSERT YOUR LOGO HERE

FINAL PAYCHECK ACKNOWLEDGEMENT

| Employee Name (Last, First, & Middle) | Employee ID Number | Date |
|---------------------------------------|--------------------|------------|
| | | |
| | | |
| Title | Supervisor | Department |
| | | |
| | | |

I, the undersigned, have received my final paycheck from [Company Name] in the total amount of \$[Dollar amount].

The paycheck represents [if applicable]:

| The paycheck represents [ii applicable]. | | |
|--|-----|--|
| Earnings | | |
| Wages | +\$ | |
| Accrued Vacation | +\$ | |
| Overtime | +\$ | |
| Accrued Personal Days | +\$ | |
| Other: | +\$ | |
| Deductions | | |
| Federal Income Tax | -\$ | |
| Social Security | -\$ | |
| Medicare | -\$ | |
| State Income Tax | -\$ | |
| Unemployment Insurance | -\$ | |
| Health Insurance | -\$ | |
| Other Insurance | -\$ | |
| Advances | -\$ | |
| Other: | -\$ | |
| TOTAL | =\$ | |

[NOTE: This section is optional.] I agree that there is no additional amount owed to me by [Company] as of the date above. However, should I have concerns in the future about the accuracy of my final paycheck, I will bring these concerns to the attention of the Supervisor listed below for resolution.

| Employee Signature: | Name (print): | Date: |
|-----------------------|---------------|-------|
| Supervisor Signature: | Name (print): | Date: |

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