

EMPLOYEE LEASING FUND INC
EMPLOYEE PAYROLL REPORTING SHEET

DATE: _____

Employer: _____

Employee (First & Last Name): _____

Hours: Worked: Reg:_____ OT:_____ Vac:_____ Hol:_____ Sick: _____

Draw: _____ Bonus: _____ Tips _____ Reimbursement: _____

Changes/Notes: _____

Employee: _____

Hours: Worked: Reg:_____ OT:_____ Vac:_____ Hol:_____ Sick: _____

Draw: _____ Bonus: _____ Tips _____ Reimbursement: _____

Changes/Notes: _____

Employee: _____

Hours: Worked: Reg:_____ OT:_____ Vac:_____ Hol:_____ Sick: _____

Draw: _____ Bonus: _____ Tips _____ Reimbursement: _____

Changes/Notes: _____