

CRESWELL PUBLIC SCHOOLS

Business ID: 0503232-3

Employee Name

Employee No. XXXXX

Location: XXX

Earnings	Hours	Rates	Amount	Deductions	Amount (Deduction)	YTD Deduct	Contribution	YTD Gross
OVER TIME OVER TIME REG WAGES SICK LEAVE ADDL WAGES STIPEND PERSONAL VACATION				FICA MEDICARE FED TAX STATE TAX PERS OPSRP PERS PU PERS UAL WBF TRANSITTAX PFMLI MEDICAL DENTAL VISION			(District Contribution/ Benefit amount per applicable deduction)	
								Current Earnings
								Current Check Gross Earnings
								Current Net
								Current Check Net Earnings
								Pay Period Starting
								XX/XX/XXXX
								Pay Period Ending
								XX/XX/XXXX
								Pay Date
								XX/XX/XXXX
								Check No.
				Total				

Statement of Earnings and Deductions - Please detach and keep for your records

CRESWELL PUBLIC SCHOOLS

**998 West A Street
Creswell, OR 97426
541-895-6000**

Check Date

*** VOID ***

*****VOID CHECK*****

Employee Name
Employee Address

Employee Name
Employee Address