Timeclockwizard
Monthly Payroll

From: _____   To: _____

_____

Supervisor: _____
Department: _____
Approver: _____

ID No.	Employee Name	Hourly Rate	Reg. Hours	OT Hours	PTO Earned	PTO Used (Sick Days)	PTO Used (Vacation)	$ (Reg.)	$ (OT)	TOTAL

TOTALS:

_____   _____
Employee signature   Date   Supervisor signature   Date