

Name of Center: _____

Certification of Receipt of Payment

Employee Name: _____

Employee Identification Number: _____ (last 4 of social security #, if none)

Pay Period – Beginning Date: _____ Ending Date: _____

Number of Hours Worked: _____ Rate of Pay: \$ _____

Gross Pay Amount: \$ _____ Net Pay Amount: \$ _____

Date of Payment to Employee: _____

Taxes Withheld & Deductions

Federal Income Tax: \$ _____

Social Security: \$ _____

Medicare: \$ _____

Other Deduction: \$ _____

Other Deduction: \$ _____

Method of Payment: Cash Check # _____ Electric Funds Transfer
(copy of canceled check required) (EFT deposit verification required)

Employee Signature

Date