# 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 $[Amount of final check]

The paycheck represents pay period [Date of first pay period-Date of last pay period]

|  |  |
| --- | --- |
| Earnings | |
| Wages | +$0 |
| Accrued Vacation | +$0 |
| Overtime | +$0 |
| Accrued Personal Days | +$0 |
| Other: Bonus | +$0 |
| Deductions | |
| Federal Income Tax | -$0 |
| Social Security | -$0 |
| Medicare | -$0 |
| State Income Tax | -$0 |
| State Disability Insurance | -$0 |
| Health Insurance | -$ |
| Other Insurance | -$ |
| Advances | -$ |
| Other: | -$ |
| TOTAL | =$0 |

I agree that there is no additional amount owed to me by [Company Nam] 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_