

Employee Name: \_\_\_\_\_ (Exactly as it appears on Social Security Card)

Date of Birth: \_\_\_\_\_

First Name

Surname

(Day/month/year)

Social Security No

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SOCIAL SECURITY BOARD

Date of termination: \_\_\_\_\_

(Day/month/year)

Wk No	Weekly Pay Period (SS week is from Monday- Sunday)		Days worked or on Paid Leave	Weekly Pay	Addition (+\$) Bonus, Tips, etc	Deduction (-\$)		Net Pay	Employee Signature
	(Day/month/year)	(Day/month/year)				Social Security	Other		
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Notes/Comments

Employee Name: \_\_\_\_\_ (Exactly as it appears on Social Security Card)

Social Security No

Wk No	Weekly Pay Period (SS week is from Monday- Sunday)		Days worked or on Paid Leave	Weekly Pay	Addition (+\$) Bonus, Tips, etc	Deduction (-\$)		Net Pay	Employee Signature
	(Day/month/year)	(Day/month/year)				Social Security	Other		
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Notes/Comments

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SOCIAL SECURITY BOARD