**空白の給与チェック テンプレート **

雇用主名

123 メインストリート, シティ, NY 11101 | (987) 654-3210 | webaddress.com

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| **P A Y S T U B** | **支払い PD スタート** | **支払い PD 終了** | **発行日** | **いいえを確認してください。** |
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| **E M P L O Y E E I N F O R M A T I O N** |
| **従業員名** |  | **従業員 ID** |  |
| **住所** |  | **部** |  |
|  | **福利厚生日** |  |

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| **E A R N I N G S** |
| **支払説明** | **時間** | **率** | **トータル** | **YTD** |
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| **総賃金** |  |  |

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| **控除総額** |  |  |  |  |

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