EMPLOYEE MANUAL CHECK AND/OR ADJUSTMENT FORM

Phone: (301) 770-6069 Fax: (301) 770-6821
Phone: (301) 770-6093 Fax: (301) 770-6826

Company Name _____ Employee # _____ DIV # _____ Dept # _____ Labor # _____

Adjust Type _____ Employee Name_____ _____ _____ Check # _____

(FICA and MEDICARE should be taken on all manual checks)

Code		Hours	Earnings	Code	Type	Tax Amount	Code	Type	Ded. Amounts
01	Regular			FW	FED. WT				
02	O/Time			FI	FICA				
03	Vac			MC	MEDICARE				
04	Sick			ST	STATE				
05	Holiday			LC	LOCAL				
07	Salary			UD	UNEMP				
08	Other			DD	DISAB				
13	Bonus								
14	Commission								
							99	MISC.	

GROSS PAY ********** _____ NET PAY ********** _____

PAYROLL NETWORK, INC.

6/26/2004