

Employee Name: _____ Payroll Month & Year: _____

Signature: _____ Date: _____

Last Four of SS#: _____

DELIVERY DATES

_____ 11 th	_____ 26 th
_____ 12 th	_____ 27 th
_____ 13 th	_____ 28 th
_____ 14 th	_____ 29 th
_____ 15 th	_____ 30 th
_____ 16 th	_____ 31 st
_____ 17 th	_____ 1 st
_____ 18 th	_____ 2 nd
_____ 19 th	_____ 3 rd
_____ 20 th	_____ 4 th
_____ 21 st	_____ 5 th
_____ 22 nd	_____ 6 th
_____ 23 rd	_____ 7 th
_____ 24 th	_____ 8 th
_____ 25 th	_____ 9 th
	_____ 10 th

Total Deliveries This Pay Period: _____

Supervisor Signature: _____ Date: _____

Comments: