

4(c) EXCEPTION (CRAFT) to 4(a) or 4(b) at top of payroll - Put the Craft/Classification in the first cell below and the reason in the second cell below

Other Deductions	
Other Deduction Description	Amount
Child Support	0.00
Union Dues	23.00
Medical	0.00
Garnishments	0.00
N/A	0.00
N/A	0.00

Individual Employee Name and Identifier	O.T. Over Time Hours	S.T. Standard Time Hours	S.H. Salaried Time Hours	Hours Worked	Total Project Classification Hours	RATE OF PAY
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Last Name	Employee	Select Employee	O.T.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
First Name	Eleven		S.T.	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Middle Initial	C	Select Project ID #	S.H.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SSN (Full 9-digit #)																			
Partial-SSN																			
OSHA - 10 #																			
Gender	Male																		
Ethnicity	N-AM																		
Addr Line 1	156 No Street																		
Addr Line 2																			
City	Anytown																		
State	CT																		
Zip	6242																		
Has Changed?	TRUE																		
Salaried (y/n) :	No																		

Employee Comments

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Other Deductions	
Other Deduction Description	Amount
Child Support	0.00
Union Dues	23.00
Medical	0.00
Garnishments	0.00
N/A	0.00
N/A	0.00

Individual Employee Name and Identifier	O.T. Over Time Hours	S.T. Standard Time Hours	S.H. Salaried Time Hours	Hours Worked	Total Project Classification Hours	RATE OF PAY
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Last Name	Employee	Select Employee	O.T.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
First Name	Nine		S.T.	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Middle Initial	A	Select Project ID #	S.H.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SSN (Full 9-digit #)																			
Partial-SSN																			
OSHA - 10 #																			
Gender	Male																		
Ethnicity	N-AM																		
Addr Line 1	123 That Street																		
Addr Line 2																			
City	Notown																		
State	CT																		
Zip	6242																		
Has Changed?	TRUE																		
Salaried (y/n) :	No																		

Employee Comments

4(c) EXCEPTION (CRAFT) to 4(a) or 4(b) at top of payroll - Put the Craft/Classification in the first cell below and the reason in the second cell below

Other Deductions	
Other Deduction Description	Amount
Child Support	0.00
Union Dues	18.40
Medical	0.00
Garnishments	0.00