

U.S. Department of Labor  
Wage and Hour Division

Community Development Block Grant  
Weekly Payroll

Payroll Number: \_\_\_\_\_  
For Week Ending: \_\_\_\_\_

Name: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Project#: \_\_\_\_\_

Project & Location: \_\_\_\_\_

(1) Name, Address, and Social Security # Of Employee	(2) # of Exmp	(3) Work Classif- acation	OT or ST	(4) Day and Date							(5) Total Hours	(6) Rate of Pay	(7) Gross Amt. Earned	(8) Deductions				(9) Net Wages For Week
				Su	M	Tu	W	Th	F	Sa				FICA	With- Holding Tax		Tot. Ded.	
				Hours Worked Each Day														
			OT															
			ST															
			OT															
			ST															
			OT															
			ST															
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