**Final Pay Acknowledgment Form**

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID/Number:** |  | **Job Title:** |  |
| **Department:** |  | **Last Working Day:** |  |

**Final Pay Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Regular Wage Due:** | **$[Amount]** | **Overtime/Additional Pay:** | **$[amount]** |
| **Unused Vacation/PTO Payout:** | **$[amount]** | **Bonuses/Commissions:** | **(if applicable)** |
| **Deductions (if any):** | **$[amount]** | **Final Paycheck Amount:** | **$[amount]** |

**Payment Method:**

|  |  |  |
| --- | --- | --- |
| ☐ Direct Deposit | ☐ Check | ☐ Other: |

**Acknowledgment**  
I acknowledge receipt of my final paycheck in the amount indicated above. I understand that this payment represents all wages, accrued vacation/PTO, and any other compensation owed to me up to my final date of employment.

I confirm that I have no further claims for wages, benefits, or compensation from the company unless otherwise provided by law.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |
| **HR/Payroll Representative Signature:** | | **Date:** |  |