Emp Number	Employee Name	M S	Ex	St Cd	Dept Code	Wks Wkd	* Hours * Reg	1.5	Hourly Rate	* Dbl Hours	OT * Rate	Holiday	Sick	Vacation	Personal	Bonus	Pay Adv
102	Steven Anderson	S	3	FL	30	___	____	____	400.00	____	____	___	___	___	____	____	____	____	__	_____
100	John Doe	M	2	FL	10	___	____	____	2500.00	____	____	___	___	___	____	____	____	____	__	_____
103	Frank Simpson	M	3	FL	40	___	____	____	15.0000	____	____	___	___	___	____	____	____	____	__	_____
101	Jane Smith	S	1	FL	20	___	____	____	11.5000	____	____	___	___	___	____	____	____	____	__	_____

4 Employees Listed

Total Hours						___	____	____		____		__	___	___	____	____	____	____	__	_____