

**Fronteer Payroll Services, Inc.**  
 For the Period \_\_\_\_\_ to \_\_\_\_\_

**Company Name:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Employee #	Employee Name & Address	Hourly Pay Rate	Salary Pay	Comm or Other	Reg Hrs	OT Hrs	Vac Hrs	Sick Hrs	Holiday Hrs	Other Hrs	Total Hrs	Misc Ded	Comments

**New Employees**


**I have examined the above totals and I therefore authorize payment on these totals.**

**Date:** \_\_\_\_\_ **Authorized Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

\* Note: A W-4 and I-9 Form must be submitted for any new employees added to this sheet.