

Pay Date: 10/05/2012 Payroll Id:20010012  
Period: 09/24/2012 thru 09/30/2012**PAYCHECK RECEIPT REGISTER**

10/08/12

12:03 AM

PR\_CSIGN

**PAYCHECK RECEIPT AND INJURY REPORT:**

My signature below certifies that I have not had a work related injury, nor have I witnessed any work related injuries prior to the paydate listed below. Any injury I have had, or have witnessed, is so noted beside my signature below and has been reported to my supervisor.

Paydate	Employee	Employee Signature (Note if injured)
10/05/2012	Appleseed, Johnny	
10/05/2012	Claus, Santa	
10/05/2012	Doe, Jane	
10/05/2012	Jones, Jonah J	
10/05/2012	Lincoln, Abe J	
10/05/2012	Smith, Jerry	
10/05/2012	Washington, George	

**Employees Not Listed Above:**

10/05/2012		
10/05/2012		
10/05/2012		