

EMPLOYER *Stevens Maggie's*
 EMPLOYEE'S NAME *Melinda Kellogg*
 EMPLOYEE'S ADDRESS

EMP. S.S. NO. DATE OF HIRE PAY FOR PERIOD ENDING
 BIRTHDATE (IF UNDER 18) DATE OF DISCHARGE OCCUPATION

DATE OR DAY	IN		OUT		INITIAL TOTAL DAILY HOURS	MEALS		
	IN	OUT	IN	OUT		B	L	D
2/5	5	12:30			7 1/2			
2/7	7:15	12			4 3/4			
2/8	5	11:30			25			
2/10	5	11:15			6 1/2			
2/12	7:30	12:30			5			
2/14	6:45	11:45			23 1/2			
2/17	5	12:15			5			
2/18	5	11:45			6 3/4			

TOTAL HOURS 48 1/2 REGULAR HOURS 48 1/2 RATE PER HR. 3.65 177.03
 WEEK TOTAL DAYS OVER TIME RATE PER HR.

SALARY (If paid on fixed Weekly or Monthly Basis)
 REMUNERATION OTHER THAN CASH (Room, Board, Tips, etc.)

GROSS EARNINGS		
% WITHHOLDING TAX		9.00
% STATE DISABILITY INSURANCE		2.12
% FED. INS. CONTRIBUTION ACT		12.66
% STATE WITHHOLDING TAX		-

TOTAL DEDUCTIONS 23.78

NET EARNINGS

LESS REMUNERATION OTHER THAN CASH
 BY CASH
 BY CHECK NO. 3155 NET PAY THIS PERIOD 153.25

I HEREBY CERTIFY THAT THE TIME SHOWN ABOVE IS CORRECT
 EMPLOYEE SIGNATURE DATE PAID 2/18/87
 421 REDIFORM