JOB DIFFERENTIAL

Date_____

Payroll Clerk:

Please pay_____ the sum

of_____ for doing the work of_____
                                    (name of position)

on_____ 194 .

Please deduct the sum of_____

from the salary of_____ for failing to perform

the duties of_____ on the above date
                 (name of position)

or dates, for the following reason_____

                          Signed_____

                          Name of Paper_____