
EARNINGS STATEMENT

Statement Date: _____

Employee Name: _____	Employee ID: _____
Department: _____	Job Title: _____
Pay Period Start: _____	Pay Period End: _____
Payment Date: _____	Payment Method: _____

DIRECT EARNINGS

Description	Amount
Basic Salary	_____
Overtime	_____
Allowances	_____
Bonus / Commissions	_____
Other Earnings	_____

DEDUCTIONS

Description	Amount
Income Tax	_____
Social Security / Pension	_____
Health Insurance	_____
Other Deductions	_____

Total Gross Earnings: _____
Total Deductions: _____
Net Pay: _____

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE