

PAYROLL COMPENSATION SCHEDULE

Full-Time Employment Contract Appendix

EMPLOYEE & POSITION INFORMATION

Employee Name	
Employee ID	
Job Title	
Department	
Effective Date	

BASE COMPENSATION

Annual Gross Salary	
Monthly Gross Salary	
Pay Frequency	
Pay Day / Period	

ALLOWANCES & BENEFITS

Housing Allowance	
Transportation Allowance	
Health & Medical Benefit Contribution	
Other Allowance (Specify: _____)	

DEDUCTIONS & TAXATIONS

Statutory Pension Contribution	
Social Security Contribution	
Income Tax (Withholding)	
Other Deductions	

PAYMENT METHOD & BANK DETAILS

Bank Name	
Account Name	
Account Number / IBAN	
Routing Number / SWIFT Code	

Authorized Employer Representative Signature

Name:
Title:
Date:

Employee Signature

Name:
Title:
Date:

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