

# COMPENSATION & DEDUCTIONS AGREEMENT

Full-Time Employment Contract Annex

## 1. Employee & Position Information

Employee Name	_____
Employee ID	_____
Job Title	_____
Department	_____
Effective Date	_____

## 2. Gross Earnings Breakdown

Base Salary (Monthly)	_____
Housing Allowance	_____
Transport Allowance	_____
Other Allowance	_____

## 3. Standard Deductions

Income Tax (PAYE)	_____
Social Security / Pension	_____
Health Insurance	_____
Other Deductions	_____

## 4. Pay Summary

Total Gross Earnings (A)	_____
Total Deductions (B)	_____
<b>Net Monthly Salary (A - B)</b>	_____

## 5. Payment Details

**Bank Name**

\_\_\_\_\_

**Account Number**

\_\_\_\_\_

**Bank Routing / Swift Code**

\_\_\_\_\_

**Payment Frequency**

\_\_\_\_\_

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AUTHORIZED EMPLOYER REPRESENTATIVE

Date: \_\_\_\_\_

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EMPLOYEE SIGNATURE

Date: \_\_\_\_\_