PAYSLIP

Employee Name:		**Pay Period:**	
Employee ID:		**Payment Date:**	
Department:		**Tax Code / ID:**	
Job Title:		**Bank Account:**	

EARNINGS
Basic Salary
Overtime
Bonus
Allowances
Commission
Total Earnings (Gross)

DEDUCTIONS
Income Tax
Social Security
Pension Contribution
Health Insurance
Other Deductions
Total Deductions

Total Gross Earnings:

Total Deductions:

NET PAY:

Employer Signature

Employee Signature