Payslip for ______to _____

Name of Employer

Name of Employee

Item	Amount	
Basic Pay		(A)
Total Allowances (Breakdown shown below)		(B)
Total Deductions (Breakdown shown below)		(C)
Employee's CPF deduction:		

Date of Payment

Mode of Payment		
Cash / Cheque / Bank Deposit		
Overtime Details*		
Overtime Payment Period(s)		
Overtime Hours Worked		
Total Overtime Pay		(D)
Item	Amount	
Other Additional Payments (Breakdown shown below)		(E)
Net Pay (A+B-C+D+E)		
Employer's CPF Contributions		