



Company Name

Pay Slip

Write Company Address Here

Phone: 555-555-555555, Fax: 123-456-49165955

Website: www.templatesmob.com

Email: abc@example.com

Name of Employee: _____

Period of Payment: _____

Scale of Payment:

Description	Days	Description	Amount (\$)
Standard Working Days in a Month	_____	Basic Pay for a Month	000000.00
Standard Working Hours on Daily Basis	_____	Daily Pay Rate	0000.00
Training Rate	_____	Pay Rate Per Hour	000.00

Computation of Gross Salary to be Paid for This Month:

Hours worked by employee & holidays	_____	Salary to be paid on daily basis	0000.000
Hours of overtime	_____	Salary of overtime working	000.00
Overtime in holidays	_____	Salary for holiday overtime	000.00
Hours of total night shifts	_____	Pay for total night hours	000.00
Total paid leaves	_____	Salary for all paid leaves	000.00
		Total of Gross Salary	0000000.00

Break Up of Deductions for the Month

	Contribution for social security	
	Contribution for health insurance	
	Contribution for housing insurance	
	Amount of withholding tax	
	Total Deductions	00000.00
	Net Salary	000000.00

Prepared By:

Received BY: