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:

Description	Days	Description	Amount ($)
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: