

**Pay Slip Form**

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| --- |
| **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:** |  |

**Name of Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Period of Payment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Write Company Address Here

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

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**Company Name**