

**Pay Slip Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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

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**Company Name**