

## Pay Silp

Emp. No. Name				Dept		Acc. No.	
Earnings Number		Am	ount	Deductions		Amount	Payroll Date
					come (tax,non SFF)		Net To Pay
Total Earnings			To		tal Deduction		
			T	1			T
YTD. Income	YTD. T	YTD. Tax		al Security	YTD. Prov Fund	YTD - Co. Contr ib. PF	

Authorized Person								