

## PAY SLIP : SCOTT

**Date of payment:** ...../...../.....

**Pay period:** ..../..../..... to ..../..../.....

Employee's Name: .....

Employer's Name: .....

Employer's ABN/ACN: .....

Classification/Job Title: .....

Salary: \$..... Per Annum or/and \$..... Ordinary hourly rate

Employer Superannuation contribution:

Name of Fund/Scheme: ..... Contribution: \$.....

Wages – Worked at ordinary hourly rate	hrs	@ (rate)	\$..... . ...
Wages – Worked at Saturday rate	hrs	@ (rate)	\$..... . ...
Wages – Worked at Sunday rate	hrs	@ (rate)	\$..... . ...
Public holiday(s)	hrs	@ (rate)	\$..... . ...
Overtime	hrs	@ (rate)	\$..... . ...
	hrs	@ (rate)	\$..... . ...
	hrs	@ (rate)	\$..... . ...
Shift loadings	hrs	@ (rate)	\$..... . ...
hrs	@ (rate)	\$..... . ...	
hrs	@ (rate)	\$..... . ...	
Allowance/ Bonus	Type		\$..... . ...
Incentive based payment	Type		\$..... . ...
Type		\$..... . ...	
Termination Pay	Details (including notice, redundancy, accrued leave, etc)		\$..... . ...
Gross Wage			\$..... . ...
Deductions			
Taxation			\$..... . ...
Superannuation (Fund Name)	Account Number	\$..... . ...	
Other deduction - purpose	details	\$..... . ...	
Other deduction - purpose	details	\$..... . ...	
Total deductions			\$..... . ...
Net wages			\$..... . ...

**NOTE: Payslips must be issued to employees within one day of pay-day.**