

PAY SLIP

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.