

PT. MARUHIDE INDONESIA

Kawasan GIIC Block AC No.7

Employee Name Employee Number Position and Department



Income	Amount	Deductions	Amount
Basic Salary		Loan	
Allowance		BPJS Kesehatan	
Transportation Allowance		BPJS Tenaga Kerja	
Overtime		BPJS Pensiun	
Meal Allowances		Ultratech	
Overtime Meal Allowances		Absence	
Others		Potongan Iuran SP	
		Others	
Total Amount		Total Deduction	
		NET INCOME	

Said amount :

Employee Account Number

Name of Bank Date **Employee Signature**

Note:

OVERTIME REPORT

OVERTIME REPORT											
No	Date	Day	Attendance	Shift	OT	Regulation				Total	Remark
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