

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee ID** | : | **Employee Name** | | : |
| **Employee Type** | : | **Employee Position** | | : |
| **Days Worked** | : | **Days Leave** | | : |
|  | | | | |
| **Earnings** | **Amount** | **Deductions** | **Amount** | |
| Working Pay |  | Late Summary |  | |
| Overtime Pay |  | Undertime Summary |  | |
|  |  | Absences |  | |
|  |  | SSS  Pag-Ibig  Phil. Health  Tax  Cash Advance  Other |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| **Total Earnings** |  | **Total Deductions** |  | |
|  |  | **Net Pay Rounded** |  | |
|  |  |  | | |

**Payaman Corp.**

**Pay Slip for the Period of**  **to**

#222 Sumakwel Drive Camarin , Caloocan City

**Phone:** 2354-63, **Fax:** 123-456-49165955

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Employer’s Signatures

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Employer’s Signatures