

# Employee Pay slip Record

## Company Name

Address

Phone Number

Website

## Employee Details:

Employee Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Gross Salary: \_\_\_\_\_ Net salary: \_\_\_\_\_

Work Days: \_\_\_\_\_ Absence: \_\_\_\_\_

## Scale of Payment:

Description	Earnings	Deductions
Standard Working Days in a Month		
Standard Working Hours on Daily basis		
Training rate		
Medical Allowance		
Transportation Allowance		
Total		
	Net Payment	

## Bank Details:

Payment Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Branch: \_\_\_\_\_

