|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** |  | | | | **Pay Period Begin Date:** | | |  | |
| **Employee Address:** |  | | | | **Pay Period End Date:** | | |  | |
| **Employee ID:** |  | | | | **Rate:** | | |  | |
| **SSN:** |  | | | | **Hours:** | | |  | |
|  | | | | | | | | | |
| **Earnings** | | | | | **Deductions** | | | | |
| Regular Earnings | | | |  | Provident Fund | | | |  |
| Overtime | | | |  | Federal Withholding | | | |  |
| Incentive Pay | | | |  | Federal MED | | | |  |
| Bonus | | | |  | Federal OASDI | | | |  |
|  | | | |  | State Withholding | | | |  |
|  | | | |  | Loan | | | |  |
| Total Earnings | | | |  | Total Deduction | | | |  |
| Current NET Salary | | | |  |  | | | |  |
| YTD NET Salary | | | |  |  | | | |  |
|  | | | | | | | | | |
| **Payment Information** | | | | | **Time Off Balance** | | | | |
| Check Number: |  | | | | Paid Time Off Balance: | | |  | |
| Check Date: |  | | | | Sick Time Balance: | | |  | |
| Name of Bank: |  | | | | Total Time Off Balance: | | |  | |
|  | | | | | | | | | |
|  | |  |  | | |  |  | | |
| **Employee Signature** | |  | **HR Manager** | | |  | **Director Signature** | | |

**Payment Slip**

**YOUR LOGO**

**Company Name**

Address Your Location Here-Email at [Youremailaddress@email.com](mailto:Youremailaddress@email.com)

Phone: 090012345678