

Company Name: _____	Date: _____
Company Address _____	

Emp Code: _____	Date Engaged: _____
Emp Name: _____	Job Title: _____
Co Address: _____	Dept: _____

Rate/ Hour _____	

EARNINGS			DEDUCTIONS		
Description	Hrs/Units	Amount	Description	Hrs/Units	Amount
Ordinary hrs			P.A.Y.E		_____
Worked	_____	_____	UIF		_____
Sunday Time	_____	_____	Skills Development Levy		_____
Laundry Allowance		_____	Funeral Fund		_____
Transport/ Travel		_____	Provident Fund		_____
Holiday	_____	_____	Bargaining Council Levy		_____
Overtime	_____	_____	Union Subscription		_____
Night Allowance	_____	_____	Advance/Loans		_____
Total Earnings		_____	Total Deductions		_____

NETT PAY

Year to Date Totals	
Taxable Earnings	_____
Leave days due	_____