

Payslip for _____ to _____

Name of Employer

Name of Employee

Item	Amount	
Basic Pay		(A)
Total Allowances <i>(Breakdown shown below)</i>		(B)
Total Deductions <i>(Breakdown shown below)</i>		(C)
Employee's CPF deduction:		

Date of Payment

Mode of Payment

Cash / Cheque / Bank Deposit

Overtime Details*

Overtime Payment Period(s)		
Overtime Hours Worked		
Total Overtime Pay		(D)

Item	Amount	
Other Additional Payments <i>(Breakdown shown below)</i>		(E)
Net Pay (A+B-C+D+E)		
Employer's CPF Contributions		