Payslip for _____ to _____

Name of Employer	Date of Payment

Name of Employee	Mode of Payment
	Cash / Cheque / Bank Deposit

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

Overtime Details*	
Overtime Hours Worked	
Total Overtime Pay	
Item	**Amount**
Other Additional Payments *(Breakdown shown below)*	
Net Pay (A+B–C+D+E)	
Employer's CPF Contribution	

Item	Amount	
Basic Pay		(A)
Total Allowances *(Breakdown shown below)*		(B)

Overtime Details*	
Overtime Hours Worked	
Total Overtime Pay	
Item	**Amount**
Other Additional Payments *(Breakdown shown below)*	