

# PAY SLIP

Pay Date..... / ..... / .....

Employee's Name .....

Employer's Name .....

Employer's ACN/ABN .....

Classification/Job Title .....

Award/Agreement.....

Hourly Rate \$ ..... Annual Salary (if applicable) \$ .....

Pay Period: ..... / ..... / ..... to ..... / ..... / .....

## Wages Details (from Wages Book, Bundy etc.)

Ord Hours: Mon-Fri ..... hrs at ..... \$ ..... .

Ord Hours: Saturday ..... hrs at ..... \$ ..... .

Ord Hours: Sunday ..... hrs at ..... \$ ..... .

Public Holiday(s) ..... hrs at ..... \$ ..... .

Overtime ..... hrs at ..... \$ ..... .

..... hrs at ..... \$ ..... .

..... hrs at ..... \$ ..... .

Shift Loadings ..... hrs at ..... \$ ..... .

..... hrs at ..... \$ ..... .

..... hrs at ..... \$ ..... .

Allowance/Bonus ..... \$ ..... .

Incentive Based Payment(s) ..... \$ ..... .

..... \$ ..... .

Termination Pay ..... \$ ..... .

**Gross Wage** \$ ..... .

## Deductions

Tax ..... \$ ..... .

Superannuation (Fund Name) ..... \$ ..... .

Other ..... \$ ..... .

Other ..... \$ ..... .

**Total Deductions** \$ ..... .

**Net Wages Paid** \$ ..... .

Employer Superannuation Contribution ..... \$ ..... .

To Fund/Scheme .....