



Pay Slip For the Period (Month) of:

Employee Name: _____

Department: _____

Designation: _____

ID No: _____

Date of Joining: _____

Casual leaves: _____

Days Worked: _____

Sick leaves: _____

Annual Leave: _____

Comp. leaves: _____

Earnings		Deductions	
Basic/Consulated Salary		Provident Fund	
House Rent		Gratuity	
Conv (Transport) Allowance		Group Insurance	
Tiffin (Dining) Allowance		Health Insurance	
Medical Allowance		Leaves for without pay	
Dearness Allowance		Others	
Over Time			
Holiday Duty			
Bonus (Festival)			
Special			
Landry			
Mobile Bill			
Sales Commission			
Insentive for Exellancy			
Others			
Arrears			
Gross Total		Total Deduction	
		Net Salary	

Salary Credited to Your Account No: _____

Cheque No: _____

Name Of Bank: _____

Cash Amount TK: _____

Branch: _____

In word: _____

Signature Of the Employee: _____

Prepared By _____

Accounts Officer _____

Authorighed Officer _____