

Employee Payroll Overview Statement

Employee Name: _____
Employee ID: _____
Department: _____
Payroll Period: _____
Date Issued: _____

Earnings

Description	Amount
Basic Salary	_____
Overtime	_____
Bonus	_____
Other Earnings	_____
Total Earnings	_____

Deductions

Description	Amount
Tax	_____
Health Insurance	_____
Pension	_____
Other Deductions	_____
Total Deductions	_____

Net Pay

Net Pay	_____
---------	-------

Remarks: _____

Authorized Signature