

Payslip

Name of Employer: _____

Address of Employment: _____

Name of Worker: _____

Job Title: _____

Pay period from _____ to _____

The regular bonus rate: _____ JA\$ per day/ per week

The overtime rate: _____ JA\$ per hour

The holiday rate: _____ JA\$ per hour

Day	Start Time	Break	End Time	Regular Hours	Overtime Hours	Holiday Hours	Total
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Due:							

Allowances (specify, if any): _____

Deductions (if any): _____

Grand Total: _____

Signature of Employer

Signature of Worker
