

<b>PAYSLIP</b>		Employer Name:	Employee's Name:
		Employer ABN:	Job Title:
			Status (FT, PT, CAS):
			Name of Award/Agreement:
Pay Period: ...../...../..... to ...../...../..... Date of Payment: ...../...../.....			
WAGES		NUMBER OF HOURS	RATE PER HOUR (\$)
Ordinary Hours (Mon-Fri)			\$ per/hour
Ordinary Hours (Sat)			\$ per/hour
Ordinary Hours (Sun)			\$ per/hour
Public Holiday(s)			\$ per/hour
Overtime			\$ per/hour
Other (eg leave)			\$ per/hour
Shift Loadings (if applicable)	Type		\$ per/hour
	Type		\$ per/hour
Allowances or additional payments (if applicable)	Type		\$ per/hour
	Type		\$ per/hour
	Type		\$ per/hour
	Type		\$ per/hour
<b>GROSS PAY</b>			\$
DEDUCTIONS			AMOUNT (\$)
Taxation			\$
Other - Purpose and Account paid into:			\$
Other - Purpose and Account paid into:			\$
Other - Purpose and Account paid into:			\$
<b>TOTAL DEDUCTIONS</b>			\$
<b>NET PAY(GROSS PAY MINUS TOTAL DEDUCTIONS)</b>			\$
EMPLOYER SUPERANNUATION CONTRIBUTION			
Name of Fund:			
Contribution:			