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| MODEL PAY SLIP | *Designed to conform with federal industrial relations laws.* | |
| Employer’s name: <insert name>  Employer’s ABN (if applicable): <insert ABN> | | |
| Employee’s name: <insert name>  Employee’s classification: <insert classification>  Date of payment: <insert date>  Period of payment: <insert dates>  Method: (*Cash / cheque / EFT)* | | |
| YOUR PAY HAS BEEN CALCULATED AS FOLLOWS | | |
| Rate for ordinary hours:  Number of ordinary hours:  Total payment for ordinary hours:  Hourly rate if paid by salary: | | $ <insert amount>  $ <insert amount>  $ <insert amount>  $ <insert amount> |
| Rate for overtime/penalty rate:  Number of hours of overtime/penalty rate:  Total payment for overtime/penalty rate: | | $ <insert amount>  $ <insert amount>  $ <insert amount> |
| Allowances/bonuses/incentives: | | $ <insert amount> |
| Gross payment: | | $ <insert amount> |
| Income tax deduction: | | $ <insert amount> |
| Other deductions (name, number and purpose): | | $ <insert amount> |
| Nett payment paid or deposited: | | $ <insert amount> |
| Superannuation fund name and number: <insert name and number of fund> | | |
| Amount of employee superannuation contribution made: | | $ <insert amount> |
| Amount of employer superannuation contribution made or liable to be made: | | $ <insert amount> |