**Salary Slip for the Month of [Month, Year]**

*Employee Details*

**Employee Name**: [Employee's Name]

**Employee ID**: [Employee ID]

**Designation**: [Job Title]

**Department**: [Department]

|  |  |
| --- | --- |
| ***Earnings*** |  |
| **Component** | **Amount** |
| Basic Salary | [Basic Salary Amount] |
| HRA | [HRA Amount] |
| Allowances | [Allowances Amount] |
| Bonus | [Bonus Amount] |
| **Total Earnings** | **[Total Earnings]** |
| ***Deductions*** |  |
| Provident Funds | [Amount] |
| Professional Tax | [Amount] |
| Other | [Amount] |
| **Total Deductions** | **[Total Deductions]** |
| **Net Pay** | **[Amount]** |

Authorized Signatory

[Company Representative Name]

[Company Representative Title]

Date: [Date]