

MAID / DOMESTIC HELPER SALARY SLIP

Employer Name:

NRIC/FIN:

Residential Address:

Helper Name:

Work Permit No.:

Nationality:

Contact No.:

Salary Month:

Payment Date:

EARNINGS

1. Basic Salary	S\$	_____
2. Overtime / Extra Duties	S\$	_____
3. Additional Allowance	S\$	_____
4. Reimbursement (transport/medical/etc.)	S\$	_____
5. Bonus / Ang Bao	S\$	_____

Total Earnings	S\$	_____
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DEDUCTIONS

1. Cash Advance / Loan Repayment	S\$	_____
2. Levy (if charged to helper)	S\$	_____
3. Misc. Deductions	S\$	_____

Total Deductions	S\$	_____
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NET SALARY PAYABLE

Net Salary (Total Earnings - Total Deductions)	S\$	_____
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Mode of Payment: ☐ Cash ☐ Bank Transfer ☐ Other:

ACKNOWLEDGEMENT

I, the above-named helper, acknowledge receipt of the above salary for the stated month.

Employer Signature: _____

Helper Signature: _____

Date: _____