Thor Specialties Sdn Bhd

DEPARTMENT
EMP #:
I/C No#:

EPF # :
Socso # :
Tax # :

Month / Year
END MONTH

NAME:

DESCRIPTION	HOUR	DAY	RATE	EARNINGS		DEDUCTIONS
BASIC WAGE()	(Working Day:)				Employee EPF Employee SOCSO Employee EIS	
TOTAL EARNINGS					**TOTAL DEDUCTIONS**	-

NETT WAGE

	<CURRENT>	<YTD>
Employer EPF		
Employee EPF		
Gross Wage		
Employer Socso		
Employee Socso		
Income Tax		
Employer EIS		
Employee EIS		

	<Taken>	<BALANCE>
ANL. LEAVE		
SICK LEAVE		

Message:

APPROVED BY : .....

RECEIVED BY : .....