

# HR Payslip Collection Signature Sheet

**Month:** June 2024

**Department:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

## Employees Payslip Collection

| No. | Full Name | Employee ID | Designation | Signature | Date Collected |
|-----|-----------|-------------|-------------|-----------|----------------|
| 1   |           |             |             |           |                |
| 2   |           |             |             |           |                |
| 3   |           |             |             |           |                |
| 4   |           |             |             |           |                |
| 5   |           |             |             |           |                |

### Important Notes:

- This sheet must be signed by each employee upon collection of their monthly payslip.
- Ensure all collected dates and employee signatures are clearly documented.
- Uncollected payslips should be reported to the HR department for further action.
- This document should be retained in HR records for at least 3 years.
- For confidentiality, do not leave this sheet unattended in public areas.