

SALARY DEDUCTION STATEMENT

Employee Name:

Enter employee name

Employee ID:

Enter employee ID

Department:

Enter department

Designation:

Enter designation

Pay Period:

E.g. June 2024

Date of Deduction:

Deduction Details

Deduction Type:

E.g. Loan, Advance, Leave without pay

Amount to be Deducted:

Reason/Remarks:

Enter reason or additional details

Authorization

Authorized By:

Approver's name or designation

Authorization Date:

Employee Signature

Authorized Personnel

Date

Important Notes

- This document must be filled out accurately and signed by both the employee and authorized personnel.

- Salary deductions must comply with company policy, employment contract, and local labor laws.
- Employees should be informed in advance of any deductions and provided with a copy of this statement.
- Keep this statement on record for future reference and audits.