

Salary Deduction Statement Form

Employee Name

Employee ID/Number

Department

Position/Title

Deduction Amount

Deduction Date

Reason for Deduction

Authorization / Reference No.

Remarks

Employee Signature

Date:

Authorized By (Manager/HR)

Date:

- This form must be completed and signed before any salary deduction is processed.
- Deductions should comply with company policy and relevant labor laws.
- Employees should be informed about the deduction and have the opportunity to clarify any concerns.
- Keep a signed copy of this form for both HR and employee records.