PAYROLL SYSTEM

AMENDMENT FORM

MULTIPLE EMPLOYEE ENTRY

FORM: PAY-02

Date: _____

OFFICE OF THE _____

Page No._____

FOR THE MONTH OF _____/ 20

DDO CODE

(Cost Centre) | | | | | | |

Description _____

EMPLOYEE DETAILS										Info Type	GENERAL DATA CHANGE		**CHANGE IN PAYMENTS/DEDUCTIONS**										Stop Sal	Executive Date	Remarks
EMPLOYEE NUMBER								Employee Name	NIC Number		Field ID	New contents	Wage Type	Amount											
														Rupees						Paisas		Adj			

Prepared by:

Audited/Checked by

Entered / Verified by