



SALARY DEDUCTION FORM

Date:	
Employee Name:	
Designation:	
Employee Code:	
Department / Site:	

Please be informed that the Company decided to deduct _____ days from your monthly salary, as per company internal policy's S.no _____. Particularly as below:

- i) _____
- ii) _____
- iii) _____

Manager Signature: _____

Date: _____

Employee Signature: _____

Date: _____

HR DEPARTMENT

GENERAL DIRECTOR