



**PAYROLL SYSTEM
AMENDMENT FORM
MULTIPLE EMPLOYEE ENTRY**

FORM: PAY03

Date: ___/___/20___

Page No. _____

OFFICE OF THE _____

FOR THE MONTH OF _____ / 20__

DDO Code
(Cost Center)

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Description: _____

Employees' Details										Info Type	General Data Change		Change in Payments/Deductions								Stop Sal.	Effective Date	Remarks					
Sr.	Personnel No.						Name	Field ID	New Contents		Wage Type			Amount in Rupees														

Prepared By _____

Audited / Checked By _____

Entered / Verified By _____