

International Worker Compensation Statement

Date:

Worker Name:

Worker ID/Employee Number:

Nationality:

Job Title/Position:

Compensation Details

Base Salary (Currency):

Overtime Pay:

Allowances:

Deductions:

Other Benefits:

Total Net Pay (Currency):

Employer Information

Employer Name:

Employer Address:

Contact Number:

Declaration

I certify that the compensation details provided above are true and correct to the best of my knowledge.

Worker Signature:

Date:

Employer Signature:

Date: