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 ABC & Company Ltd Salary Pay Slip For The Month Of May 2018					
Name:		Mr.Raj Sharma		Designation	
				Chief Technical Officer	
I	Basic Payment	\$	23700	A	Total Attendance
II	Dearness Allowance	\$	4740	B	Total Leave
III	House Rent Allowance	\$	11850		Allowed Leave
IV	Conveyance	\$	1420		Loss of Pay days
V	Medical Expenses	\$	0	C	Total Salary Days
VI	Special	\$	10370		
VII	Bonus	\$	13100		
VIII	TA	\$	0		
		Sub Total	\$	41480	
		Total Gross Salary		65180	
		Deductions			
		a. Contribution to PF	\$	1800	
		b. Salary Advance	Rs.	0	
		c. Profession Tax	Rs.	0	
		d. TDS	Rs.	7000	
		Total Deductions		8800	
		Total Deductions	Rs.	8800	
		SALARY AFTER DEDUCTIONS		56380	
		Less Salary Advance	Rs.	0	
		NET TAKE HOME		56380	FiftySix Thousand Three Hundred Eighty Only

Authorised by Managing Director

Signature

**LABORATORY WORKER SAFETY:
TRAINING NEEDS ASSESSMENT and DOCUMENTATION**

(completion and filing of this form for each supervisor is the responsibility of the laboratory supervisor)

Instructions: under CA law and UC policy, lab supervisors are responsible for ensuring that their workers have received documented safety training. Particularly, for: new employees; employees given new job assignments for which documented training has not previously been received; whenever new hazards are introduced, or recognized. Training can be formal or informal, and individual or group-based. This form serves two purposes relative to the above requirements:

1. A place to complete a "Training Needs Assessment" for each supervisor to first identify what training is appropriate for that individual. A formal assessment is required per the 2013 UC policy: [Laboratory Safety Training](#)
2. A place to document the training as it is completed.

Laboratory Worker Name: _____ Supervisor Name: _____

I. On-Site Laboratory Safety Orientation ("day-one orientation", per UC policy)

A. Emergency Procedures

- Topics Covered** **Training Topic**
- UCSB Emergency Information Flipchart: location/purpose - posted in every lab
- Fire alarm pull station: Location of and how to activate
- Emergency eyewash/showers: Location of and how to activate
- First aid kits: Locations of and contents
- Building Emergency Assembly Point and routes of exit - see last pg. of Flipchart
- UCSB Alert System (optional emergency texting system): purpose and enrollment process

B. Engineering Controls

- NA: Chemical fume hoods: Demo proper use and instruct on alarms/controls
- NA: Biological safety cabinets: Demo proper use and instruct on alarms/controls
- NA: Chemical storage: Locations of and segregation rules
- NA: Other engineering controls: glove boxes, gas cabinets, etc. - demo proper use

C. Administrative Controls

- NA: Laboratory Safety Manual and Chemical Hygiene Plan: location & contents. See also pg. 3: Chemical Hazards.
- NA: (Material) Safety Data Sheets: Demo electronic or hard copy access to repository

D. Personal Protective Equipment

- NA: Lab coat and Eye protection: UC provided/issued starting 2014. Proper PPE will be determined and authorized via online Laboratory Hazard Assessment Tool (LHAT)
- NA: Prescription safety glasses provided: Via optometrist (over-the-glasses goggles are another option)
- NA: Gloves: Provided by lab. Location of, knowledge to select correct type and how to properly don/doff.
- NA: Other PPE: Lab provided. Describe: _____

E. Waste Disposal

- NA: Chemical/Biological/Radiological/Sharps Disposal: Demo labeling/storage/pickup

F. Other

- NA: Describe: _____

Lab worker acknowledgement: I have been trained on, or provided with, all the above that are applicable to my work.

Lab worker signature: _____ Date: _____

Supervisor, or designated trainer signature: _____ Date: _____

1

PETTY CASH ADVANCE

I, _____ acknowledge receipt of \$ _____ from DHS

(Print name of employee) (Print name of program)

Program as an advance of petty cash funds for me to purchase the following approved item(s):

I understand that I am personally responsible to ensure that all expenditures made from these funds are only for the approved intended purpose. I further agree to provide a complete accounting of those expenditures by turning in receipts for every expense along with any unused funds no later than two business days after purchasing the approved items.

Advance approved by: _____ Date: _____
(Manager's signature)

Advance issued by: _____ Date: _____
(Custodian's signature)

Advance received by: _____ Date: _____
(Signature of employee receiving advance)

Acknowledgement of purchase with original sales receipt

1) Actual amount of authorized purchase \$ _____

2) Amount of unused funds returned \$ _____

3) Total (lines 1 & 2) \$ 0.00
(Line 3 should equal the amount of the advance issued)

Unused funds/sales receipt received by: _____ Date: _____
(Custodian's signature)

Unused funds/sales receipt submitted by: _____ Date: _____
(Employee's signature)

Instructions: Custodian circle authorized purchases in blue or red ink if sales receipt has additional purchases. Total of circled items must equal the amount of authorized purchases entered on line 1. Attach the sales receipt to the Petty Cash Advance form.

