

## **NEW EMPLOYEE FORM**

Please enclos	se a complet	ed 'New Start	ter Statem	ent' an	id P45 (if a	vailable	e) with this form	۱.
General								
Company Name								
Title	Forenames							
Surname	Payroll No							
Male	E Fem	ale						
Branch or departme	Job Title							
Employees Full Addr		tal Status Single Divorced Married Widowed Other				_		
Date of Birth	D Di	Director? Start Date:						
NI Number	D Pr	Proof of Identity seen?						
Pay Method								
Cash Cheque	BAC Ban Auto	Sort Code Acc No. Bank Name Acc Name						
Pay Rates			-					
Pay Frequency Weekly	Fort	nightly	Fo	our Wee	ekly		Monthly	
Salary	Gross Net							
Full-Time Part-Time			Temporary Contractor					
Pay Date Standard hou			rs per week			Hourly rate		
			(circle all that apply) T F S S			Overtime rate		
Other Pay								
<u>Payment</u>	<u>Amount</u>	<u>Period</u>	<u>Deduction</u>		<u>Amount</u>	<u>Period</u>		-
Company Car		if "yes" please	e complete l	P46(car	) form			
Pension								
Scheme Scheme Type	Employee value per period Employer value per period							
<b>Employer Authori</b> s Name		Date						