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| **EMPLOYEE PERSONAL DETAILS FORM 11 Nov 19** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Organisation Name** \* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(🗸 tick)** New Employee **Commencement** \* \_\_\_/\_\_\_/\_\_\_ \* New - mandatory fields for new employees  **(🗸 tick)** Change of Details **Date of change**  \_\_\_/\_\_\_/\_\_\_ Only enter organisation, date of change, Name & new details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART A PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title \* | | |  | | | | | | First Name \* | | | | | | | | |  | | | | | | | | | | | | | | |
| Surname \* | | |  | | | | | | | | | | | | | | | Preferred Name | | | | |  | | | | | | | | | |
| Date of Birth \* | | |  | | | | | | | Gender \* | | | | | | | | Male Female | | | | | | | | | | | | | | |
| **PART B CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No/Street \* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb/Town \* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State \* | | | | | |  | | | | | | | | | | | | | | PCode \* | |  | | | | | | | | | | |
| Home Phone | | | | | |  | | | | | | | | | | | | | | Mobile\* | |  | | | | | | | | | | |
| Email Address for payslips and payment summary \* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART C EMERGENCY CONTACT DETAILS in the event of an emergency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name \* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone | | | | |  | | | | | | | | | | | | | | Mobile\* | |  | | | | | | | | | | | | |
| Email Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART D Salary Sacrifice details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salary Sacrifice Superannuation | | | | | Yes  No How much per pay $ | | | | | | | | | Before Tax?  Yes  No | | | | | | | | | | | | | | | | | | | |
| Religious Practitioner Benefits Applicable | | | | | Yes  No | | | | | | | | | If yes, please complete the Stipend/Salary Form & Salary Sacrifice/MEA section in the banking details. | | | | | | | | | | | | | | | | | | | |
| Public Benefit Institution Salary Sacrifice Applicable | | | | | Yes  No  Annual\* Amount $ | | | | | | | | | If yes, please complete the FBT Payment section in the Banking details below. \*April-March FBT year | | | | | | | | | | | | | | | | | | | |
| **PART E Payment & BANKING DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It is a condition of my employment that payment of my wage/salary be direct credited to my nominated Bank A/cnt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Salary Sacrifice/MEA – if qualify for Religious Practitioner Benefits eg Loan/Rent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment Description** | **Account Name** | | | | | | | **BSB** | | | | | **Account Number** | | | | **Reference No** | | | | | | | **Amount $** | | | | | | **Payment Frequency** | | | |
|  |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |
|  |  | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |
| **Salary Sacrifice Payments for employees of PBI's** (Up to $15,900 per year) **eg Loan/Rent/Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment Description** | | | **Account Name** | | | | | **BSB** | | | | | **Account Number** | | | | **Reference**  **No** | | | | | | | | | **Amount $** | | | | **Payment Frequency** | | |
|  | | |  | | | | |  | | | | |  | | | |  | | | | | | | | |  | | | |  | | |
|  | | |  | | | | |  | | | | |  | | | |  | | | | | | | | |  | | | |  | | |
| **Wages** \* **Please deposit my after tax wages/salary into the following accounts.**  Payments can be split into 2 amounts if required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment Description** | | | **Account Name** | | | | | | | | | **BSB** | | | | | **Account Number** | | | | | | | | | | **Amount $** | | | | | |
| **1.** | | |  | | | | | | | | |  | | | | |  | | | | | | | | | | **Net Wages** | | | | | |
| **2.** | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | |
| **EMPLOYEE SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date signed**  \_\_\_/\_\_\_/\_\_\_ **Signed by Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART F EMPLOYMENT & Payroll details (To be completed by employer)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Type \* | | | | | Casual  FT PPT Fixed Term Other - Please Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay Frequency \* | | | | | Fortnightly Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicable Award & Level\* | | | | |  | | | | | | | | | | | Hourly Rate or Salary (excluding Super) | | | | | | | | | | | | $ Hourly  $ Annual | | | |
| Position \* | | | | |  | | | | | | | | | | | Leave Entitlements \*  Leave Loading 17.5% \* | | | | | | | | | | | | Yes  No  Yes  No | | | |
| Days worked  eg. Mon to Fri \* | | | | |  | | | | | | | | | | | Hours worked  (per week) \* | | | | | | | | | | | | |  | | |
| **PART G REQUiRED ATTACHMENTS – NEW EMPLOYEES ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ensure the following documents are attached to this form.  \* MUST be provided for new employee. Payroll cannot be processed until all documentation received.  **Tax File Number Declaration** \*  **Superannuation Choice Form** \*  **Signed Employee Contract (if required)**  **Stipend/Salary Form (if Religious Practitioner with MEA)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART H AUTHORISED SIGNATURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed by Employee Date signed / /**  **Signed by Manager Date signed / /** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |