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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 **[ ]**  NoHow 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 **[ ]**  NoAnnual\* 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 / /**  |