| **EMPLOYEE PERSONAL DETAILS FORM** | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employer Organisation Name** \* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(✓ tick)** **☐** New Employee **Start Date** \* \_\_\_/\_\_\_/\_\_\_ \* New - mandatory fields for new employees  **(✓ tick) ☐** Change of Details **Change Date** \*\_\_\_/\_\_\_/\_\_\_ 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 **☐**  Non Binary **☐** Not Stated | | | | | | |
| **PART B CONTACT DETAILS** | | | | | | | | | | | | | |
| No/Street \* | | |  | | | | | | | | | | |
| Suburb/Town \* | | |  | | | | | | | | | | |
| State \* | | |  | | | | | | Post Code \* | | |  | |
| Home Phone | | |  | | | | | | Mobile\* | | |  | |
| Email Address for payslips\* | | |  | | | | | | | | | | |
| **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 also complete the:   * separate Stipend/Salary Form & * Salary Sacrifice/MEA section in the banking details below. | | | |
| Public Benevolent 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 DISTRIBUTION OF SALARY SACRIFICED MEA / NCB PAYMENTS** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| It is a condition of my employment that payment of my wage/salary be direct credited to my nominated Bank Account | | | | | | | | | | |
| **☐ Fixed and Regular payments from Salary Sacrificed MEA/NCB** | | | | | | | | | | |
| **Payment Description** | **Account Name** | | **BSB** | | **Account Number** | | **Reference No** | **Amount $** | | **Payment Frequency** |
| **Loan Payment** |  | |  | |  | |  | **$** | |  |
| **Rent Payment** |  | |  | |  | |  | **$** | |  |
|  |  | |  | |  | |  |  | |  |
| **☐ Wages** \* **Please deposit my after-tax wages/salary into the following accounts.**  Payments can be split into up to 3 amounts if required | | | | | | | | | | |
| **Payment Description** | **Account Name** | | | **BSB** | | | **Account Number** | | **Amount $** | |
| **1.** |  | | |  | | |  | | **Balance of net Wages** | |
| **2.** |  | | |  | | |  | |  | |
| **3.** |  | | |  | | |  | |  | |
| **PART F REQUIRED ATTACHMENTS – NEW EMPLOYEES ONLY** | | | | | | | | | | |
| Ensure the following documents are completed and given to the employer  \* MUST be provided for new employee. Payroll cannot be processed until all documentation received. | | | | | | | | | | |
| ☐ **Tax File Number Declaration** \* | | | | | | ☐ **Superannuation Choice Form** \* | | | | |
| **PART G SIGNATURES** | | | | | | | | | | |
| Employee \* | |  | | | | | Date \* |  | | |