|  |
| --- |
| **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 **☐** NoHow 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 **☐** NoAnnual\* 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/MDB**  |
| **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 \* |  |