Payroll Information Form

You can place your logo here.

**To be completed by the employee**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Full Name: |  |
| Address: |  | | |
| Personal Email Address: |  | | |
| Date of Birth: |  | NI Number: |  |
|  |  |  |  |
| Name of Bank: |  | Account Holders Name: |  |
| Address of Bank: |  | | |
| Sort Code: |  | Account Number: |  |
| Please read all of the following statements carefully and tick the **one** that applies to you:  A – This is my first job sincle last 6th April and **I have not** been receiving taxable Jobseekers’ Allowance or taxable Incapacity Benefit or a state or occupational pension.  **OR**  B – This is now my only job, but since last 6th April **I have** had another job or have received taxable Jobseeker’s Allowance or Incapacity Benefit. I do not receive a state or occupational pension.  **OR**  C – I have another job or receive a state or occupational pension.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **To be completed by the Line Manager** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Department Code: |  |
| Commencement Date: |  | End Date (If Applicable): |  |
| Grade and Level: |  | Hours and days per week (P/T): |  |
| Full Time Salary: |  | Actual Salary (P/T): |  |
| Pension Scheme: |  | | |