

Page 1 for Completion by the Employee

ORGANISATION NAME:

Employee Personal Details

Title:			
Forenames:		Surname:	
Gender:			
Home Address:			
Postcode:			
National Insurance Number:		Date of Birth:	
Email Address:			

Employee Statement

Select only one of the following statements which applies to you:

- A This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, Support Allowance taxable Incapacity Benefit or a State / Occupational Pension.
- B This is now my only job but since 6 April, I've had another job or received taxable Jobseeker's Allowance, Employment and or taxable Incapacity Benefit. I do not receive a State / Occupational Pension.
- C As well as my new job, I have another job or receive a State / Occupational Pension

Student Loan

1. Do you have one of the Student Loan Plans described on the right which is not fully repaid?

- Yes If yes, go to question 2
- No If no, go to the Postgraduate Loan section below

2. What type of student loan do you have?

- Plan 1 Plan 2 Both

3. Are you repaying your Student Loan directly to the Student Loans Company by Direct Debit?

- Yes No

Student Loan Plans

You'll have a **Plan 1** Student Loan if:

- You lived in Scotland/Northern Ireland when you started your course
- You Lived in England or Wales and started your undergraduate course before 1 September 2012

You'll have a **Plan 2** Student Loan if:

- You lived in England or Wales and started your undergraduate course on or after 1 September 2012
- Your loan is a Part time Maintenance Loan
- Your loan is an Advance Learner Loan
- Your loan is a Postgraduate Healthcare Loan

Postgraduate Loan

4. Do you have a Postgraduate loan which is not fully repaid?

- Yes If yes, go to question 5
- No If no, go to the declaration section below

5. Are you repaying your Postgraduate Loan directly to the Student Loans Company by Direct Debit?

- Yes
- No

Employee Declaration

I can confirm the above information is correct:

Signature:	
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Date:	
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The information provided above will only be used for the purpose of processing a computerised Payroll System

Page 2 for Completion by the Employer

EMPLOYEE NAME:

Details of Employment

Start Date: _____

Job Title: _____

Department: _____

Rates of Pay

Please only complete ONE of the following options

1: Staff Paid on an Hourly Rate:

Rate per Hour: £ _____

OR

2: Salaried Staff:

Scale Point / Rate (if appropriate) : _____

Full Time Equivalent : £ _____ (Per annum)

Actual rate per annum : £ _____

Equivalent hourly rate : £ _____

Hours to be worked by employee : _____ (Per week)

Working Weeks (if different to 52.14) : _____ (Per annum)

Full Time Equivalent Hours: (eg. 37) _____

Normal Working Days:

M	T	W	T	F	S	S

Qualifying Days for Sickness:
(if different to above)

M	T	W	T	F	S	S

Pension Information

1. Is the employee entitled to membership of a personal pension scheme? Yes No

2. If yes, please give details of -

Pension Provider: _____

Scheme Name: _____

Employee Contribution: _____ % **OR** £ _____ (per month)

Employer Contribution: _____ % **OR** £ _____ (per month)

Employer Declaration

I can confirm on behalf of the employer that the above information is correct:

Signature: _____

Date: _____