EMPLOYER'S NAME	

EMPLOYEE'S FULL NAME	

PERSONAL DETAILS

GENDER   ☐ Male   ☐ Female   DATE OF BIRTH [ ]

ADDRESS 1 [ ]
ADDRESS 2 [ ]
TOWN [ ]
COUNTY [ ]
POSTCODE [ ]

TELEPHONE [ ]   MOBILE [ ]

E-MAIL ADDRESS [ ]

NATIONAL INSURANCE NO.   [ ][ ][ ][ ][ ][ ][ ][ ][ ]

EMPLOYEE DETAILS
(To be filled by the employer)

EMPLOYMENT TITLE [ ]

START DATE (dd/mm/yyyy) [ ]

WEEKLY WORKING HOURS (No. of hours per day)

MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL

PAY FREQUENCY   Weekly [ ]   Fortnightly [ ]   4 Weekly [ ]   Monthly [ ]

RATES OF PAY

ANNUAL SALARY	[ ]	BONUS RATE	[ ]
HOURLY RATE	[ ]	SICK PAY	[ ]
OVERTIME RATE	[ ]	OTHER	[ ]

EMPLOYEE STATEMENT
(Tick ONE of the following)

☐ This is my first job since April 6 of last year and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State and/or Occupational Pension.

☐ This is currently my only job but since April 6 of last year, I have had another job or received taxable Jobseeker's Allowance, Employment and Support Allowance and/or taxable Incapacity Benefit. I also do not receive a State or Occupational Pension.

☐ As well as this job, I also have another job and/or receive a State or Occupational Pension.

STUDENT LOAN
(Tick if appropriate)

☐ I have a Student Loan which is not fully repaid and I left a course of UK higher education before last 6 April and I received my first Student Loan instalment on or after 1st September 1998 and I am currently not repaying it directly.

If you have ticked the above box, please provide evidence with this form.

METHOD OF PAYMENT

Please choose how your employer will pay your wages:

☐ Cash   ☐ Cheque   ☐ Bank   ☐ Direct   ☐ Giro   ☐ Autopay

If your employer is paying you by cash, please ignore the rest of this section.

BANK NAME	
ACCOUNT NAME	
ACCOUNT NO.	
SORT CODE	
ROLL NO.	

COMPANY PENSION SCHEME

☑ I am currently entitled to a Company Pension Scheme.

If you have not ticked the above box, please ignore the rest of this section.

EMPLOYER'S CONTRIBUTION	£	OR	%
EMPLOYEE'S CONTRIBUTION	£	OR	%

If you have completed this section, please provide evidence with this form.

HOLIDAYS
(To be filled by the employer)

The employee is entitled to _____ days off work within the period of:

START DATE: _____   END DATE: _____

(This includes bank holidays but not important personal events e.g. hospital appointments, funerals, etc.)

☐ Checking this box acknowledges that the employee agrees to these terms.

DECLARATION

These signatures confirm that all information declared in this form is accurate and that relevant evidence has been submitted when required.

EMPLOYEE'S SIGNATURE		DATE:	
EMPLOYER'S SIGNATURE		DATE:	