New Employee Form Company Name

	Personal De	tails	
aiven names			
urname			
Pate of Birth			
ddress			
uburb & Post Code			
ome Phone Number			
lobile Number			
mail			
ext of Kin - Name & Phone			
	Mode of Pay	y - Main Accou	nt
ank Account Name			
SB			
ccount Number			
ank			
	Tax Details		
mployee Tax File Number			
FN Declaration Date			
date signed form)			
laim the tax-free threshold	YES	NO	
ustralian resident for tax purposes	YES	NO	
ligher Education Loan Debt (HELP)	YES	NO	
inancial Supplement debt	YES	NO	
dditional Information			
	Superannua	tion	
lame of Fund			
lame of Account			
1embership Number			
und ABN + SPIN			
und BSB + Account Number			
und Contact Details + Tel			
	Office Use o	nly: Employi	ment Details
imployee Name			
Position			
tart Date with Company			
alary p.a. (FT or FTE)	Or Hourly Rate:		ate:
Nodern Award & Classification			
enure	Full Ti	me Part Time	Casual
ays per Week + Hours per Day			
llowances or Deductions			
nnual leave Accrues per	4 weeks	5 weeks	6 weeks
	VEC	N10	0/
- ' '	YES	NO	%
ys per Week + Hours per Day owances or Deductions			