Employee Details Form

Bolton

| EMPLOYER TO COMPLETE | To be completed and signed by the employer , these must match your details on file. |
|--|--|
| Name of Employer: | |
| Address: | |
| | Postcode: |
| Name of employee: | |
| Job Title (of employee): | |
| Employee Start Date: | |
| Rate of Pay (per hour) | |
| Any other rates of Pay: | |
| (Weekend, Nights, etc) | |
| Hours per week _ | |
| Same or Variable hours | |
| Have you conducted a right to work check? | Yes No |

If you require assistance with the Right to Work check, please contact your Direct Payment Support Service.

I declare that the information given above is true and accurate:

| Signed | |
|-------------|----|
| (Employer): | 1 |
| Print Name: | [] |
| Date: | |

Please note:

- Please allow 48 Hours for processing after receipt of these documents.
- Please contact us 5 working days before your employee's first pay date.
- We will then discuss with you your first and future payslip requirements at this

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| Name of your Employer: Employee Personal Details Title: Mr. / Mrs. / Ms. / Miss. / Other Marital Status: Surname: First Name(s): Sex: Male Female Date of Birth: If you are over state retirement age please provide proof of age (Copy of birth certificate, passport, driving license or NI Exemption certificate). If you do not provide evidence of your age we cannot ensure that the correct National Insurance category is applied to you and you may pay unnecessary NI contributions in this employment. Please ensure you only send a copy and not the original documents. National Insurance Number: Address: | PA TO COMPLETE | To be completed and signed by the employee , all details will be treated as confidential |
|--|--|---|
| Title: Mr. / Mrs. / Ms. / Miss. / Other Marital Status: Surname: First Name(s): Sex: Male Female Date of Birth: If you are over state retirement age please provide proof of age (Copy of birth certificate, passport, driving license or NI Exemption certificate). If you do not provide evidence of your age we cannot ensure that the correct National Insurance category is applied to you and you may pay unnecessary NI contributions in this employment. Please ensure you only send a copy and not the original documents. National Insurance Number: Address: Postcode: INALL ADDRESS FOR PAYSLIPS I have read and understood how my data will be used and processed as a third-party data in line with the privacy notice and I declare that the information given above is true and accurate: Signed (Employee): Print Name: | Name of your Employer: | |
| Surname: | Employee Personal Details | |
| Sex: Male Female Date of Birth: If you are over state retirement age please provide proof of age (Copy of birth certificate, passport, driving license or NI Exemption certificate). If you do not provide evidence of your age we cannot ensure that the correct National Insurance category is applied to you and you may pay unnecessary NI contributions in this employment. Please ensure you only send a copy and not the original documents. National Insurance Number: Address: | Title: Mr. / Mrs. / Ms. / Miss. / 0 | Other Marital Status: |
| If you are over state retirement age please provide proof of age (Copy of birth certificate, passport, driving license or NI Exemption certificate). If you do not provide evidence of your age we cannot ensure that the correct National Insurance category is applied to you and you may pay unnecessary NI contributions in this employment. Please ensure you only send a copy and not the original documents. National Insurance Number: Address: Postcode: NAIL ADDRESS FOR PAYSLIPS I have read and understood how my data will be used and processed as a third-party data in line with the privacy notice and I declare that the information given above is true and accurate: Signed (Employee): Print Name: | Surname: | First Name(s): |
| certificate, passport, driving license or NI Exemption certificate). If you do not provide evidence of your age we cannot ensure that the correct National Insurance category is applied to you and you may pay unnecessary NI contributions in this employment. Please ensure you only send a copy and not the original documents. National Insurance Number: Address: Address: Postcode: NAIL ADDRESS FOR PAYSLIPS I have read and understood how my data will be used and processed as a third-party data in line with the <u>privacy notice</u> and I declare that the information given above is true and accurate: Signed (Employee): Print Name: | Sex: Male Female | Date of Birth: |
| Address: | evidence of your age we cannot en applied to you and you may pay un Please ensure you only send a cop | sure that the correct National Insurance category is necessary NI contributions in this employment. y and not the original documents. |
| IAIL ADDRESS FOR PAYSLIPS I have read and understood how my data will be used and processed as a third-party data in line with the privacy notice and I declare that the information given above is true and accurate: Signed Print Name: | | |
| IAIL ADDRESS FOR PAYSLIPS | Address: | |
| data in line with the privacy notice and I declare that the information given above is true and accurate: Signed (Employee): Print Name: | | Postcode: |
| I have read and understood how my data will be used and processed as a third-party data in line with the privacy notice and I declare that the information given above is true and accurate: Signed (Employee): Print Name: | AIL ADDRESS FOR PAYSLIPS | |
| data in line with the privacy notice and I declare that the information given above is true and accurate: Signed (Employee): Print Name: | | |
| and accurate: Signed (Employee): Print Name: | | |
| Signed (Employee): Print Name: | | and I declare that the information given above is true |
| (Employee): Print Name: | and accurate: | |
| Print Name: | | |
| | (Employee): | |
| | | |
| | Print Name: | |

• time