

Employee Details Form

Bolton



EMPLOYER TO COMPLETE	To be completed and signed by the employer , these must match your details on file.
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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):

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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PA TO COMPLETE	To be completed and signed by the employee , all details will be treated as confidential
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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: _____

_____ **Postcode:** _____

EMAIL ADDRESS FOR PAYSLEIPS _____

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: _____

Date: _____

- time