Employee Details Form



Lancashire

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

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 I	nsurance Number:
Address:	
	Postcode:

EMAIL 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:	
Data	
Date:	

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):	
Print Name:	[]

Please note:

Date:

- 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 time.

Please ensure that you return this form to us with a your employee's completed <u>HMRC</u> <u>Starter checklist</u>.