New Employee Form Company Name

	Personal Details		
Given names			
Surname			
Date of Birth			
Address Suburb & Post Code			
Home Phone Number			
Mobile Number			
Email			
Next of Kin - Name & Phone			
	Mode of Pay - Main Account		
Bank Account Name			
BSB			
Account Number			
Bank			
	Tax Details		
Employee Tax File Number			
TFN Declaration Date (date signed form)			
Claim the tax-free threshold	YES	NO	
Australian resident for tax purposes	YES	NO	
Higher Education Loan Debt (HELP)	YES	NO	
Financial Supplement debt	YES	NO	
Additional Information			
Superannuation			
Name of Fund			
Name of Account			
Membership Number			
Fund ABN + SPIN			
Fund BSB + Account Number			
Fund Contact Details + Tel			
Office Use only: Employment Details			
Employee Name			
Position			
Start Date with Company			
Salary p.a. (FT or FTE)		Or Hourly Rate:	
Modern Award & Classification			
Tenure	Full Time	Part Time	Casual
Days per Week + Hours per Day			
Allowances or Deductions			
Annual leave Accrues per annum (pro-rata for PT)	4 weeks	5 weeks	6 weeks
Leave Loading Applicable	YES	NO	%
Additional information			