# Employee Form

| Employee File (*Compulsory Field) | | | |
|---|---|---|---|
| *First Name: | Date of Birth: dd/mm/yyyy | Phone: | |
| *Last Name: | Address: | Mobile: | |
| Known as: | ☐ Prefer to use Known As | | Postal Code: |
| Gender: ◯ Male ◯ Female ◯ N/A | Email: | ☐ Send Payslips by Email | |
| *Commence On: dd/mm/yyyy | Job Title: | *IRD Number: | *Tax Code: |
| *Bank Account Name: | *Account Number: | Child Support Start Date: dd/mm/yyyy | Child Support amount/pay: |
| *Kiwi Saver (Select One): ◯ Opt-In ◯ Opt-Out ◯ Not Qualify | Employee %<br>Employer % | | Payroll Giving: |

**Employee Signature**

| This section to be completed by Employer | | | | | | | |
|---|---|---|---|---|---|---|---|
| *Working Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| *Pay Rate | ◯ Hourly Rate | | ◯ Salary | | Per pay ◯ Per year ◯ | | |
| Contract Type | ☐ Casual | ☐ Permanent / Part-Time | ☐ Permanent / Full-Time | Visa Status: ☐ Working Visa ☐ Student Visa ☐ Permanent/Resident Visa ☐ Citizen | | | |
| *Leave Entitlement | ◯ Accrue Leave | | ◯ 8% Pay as you go | | | | |
| Leave Balance | Balance | | Carried forward date: dd/mm/yyyy | | | | |
| Annual Leave (hours): | Sick Leave (days): | Other Leave (days): | | | | | |
| Regular Allowance(s): | Regular Deduction(s): | | | | | | |

**Employer Signature**