

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
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Australian resident for tax purposes	YES	NO
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Higher Education Loan Debt (HELP)	YES	NO
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Financial Supplement debt	YES	NO
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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
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Days per Week + Hours per Day

Allowances or Deductions

Annual leave Accrues per annum (pro-rata for PT)	4 weeks	5 weeks	6 weeks
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Leave Loading Applicable	YES	NO	%
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Additional information