|  |  |
| --- | --- |
| logo_web | PAYROLL SERVICEEmployee Starter Form |

# NAME OF GROUP ……………………………………………………………………………

# This Form should be completed for any new employee. Please complete in BLOCK CAPITALS and return to CA Plus.

Section 1- to be completed by the employee.

|  |  |
| --- | --- |
| Title (eg Mr, Ms,…) |  |
| First name(s) |  |
| Last name / family name |  |

|  |  |
| --- | --- |
| Home Address – Line 1 |  |
| Home Address – Line 2  |  |
| Home Address – Line 3 |  |
| Home Address – Line 4 |  |
| Post Code |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | / / | Male/Female | M / F |
| National insurance number |  | Date of Commencement | / / |
| Marital status |  | Job Title |  |

You need to select only **one** of the following **statements A, B or C**. (Please Tick ✓)

|  |  |  |
| --- | --- | --- |
| **A** | This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxableIncapacity Benefit, State or Occupational Pension. |  |
| **B** | This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension. |  |
| **C** | As well as my new job, I have another job or receive a State or Occupational Pension. |  |

Student loan (Please Circle)

|  |  |
| --- | --- |
| 1. Do you have a Student Loan which is not fully repaid
 | YES (go to Qtn 2)NO (go to Qtn 4) |
| 1. Are you repaying your Student Loan to the Student Loans Company by agreed monthly payments
 | YES (go to Qtn 4)NO (go to Qtn 3) |
| 1. What type of Student loan plan do you have:

You will have a Plan 1 Student Loan if you lived in Scotland or Northern Ireland when you started your course, or you lived in England or Wales and started your course before 2012.You will have a Plan 2 Student loan if you lived in England or Wales and started your course on or after 1 September 2012. | Plan 1Plan 2 |
| 1. Did you finish your studies before the last 6th April
 | YES / NONot Applicable |

**I certify the personal information I have given above is complete and correct.**

**Signed ………………………………………………… (Employee) Date……………………………**

# Section 2 to be completed by Employer

**Please provide as much information as possible to assist CA Plus in calculating your staff salaries accurately.**

**Monthly Paid Salaried Staff.**

|  |  |
| --- | --- |
| Normal Contracted Hours Against Full Time Equivilent Hours e.g 16 / 37½ FTE or 22½ / 35 FTE  | **/** |
| Normal Working Days (Please Circle) | MON TUE WED THU FRI SAT SUN |
| Full Time Annual Salary(+ scale point if applicable) |  £ |
| Monthly Rate of Pay |  £ |

**Weekly Paid Salaried Staff.**

|  |  |
| --- | --- |
| Normal Weekly Hours |  |
| Normal Working Days (Please Circle) | MON TUE WED THU FRI SAT SUN |
| Hourly Pay Rate |  £ |
| Weekly Pay Rate |  £ |

**Sessional Staff / Other.**

|  |  |
| --- | --- |
| Hourly Rate of Pay |  £ |
| Please indicate if this worker is term-time only?Or any other information? |  |

**Pension Details (If Applicable)**

|  |  |
| --- | --- |
| Type of Pension Scheme (e.g Personal Pension, stake holder, LGPS) |  |
| Employee pension contribution (% or £) |  |
| Employer pension contribution (% or £) |  |
| Scheme Reference (If Applicable) |  |

**I certify the personal information I have given above is complete and correct.**

**Signed ……………………………………………….… (Employer) Date……………………………**