|  |  |
| --- | --- |
| logo_web | PAYROLL SERVICE  Employee 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, taxable  Incapacity 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 1  Plan 2 |
| 1. Did you finish your studies before the last 6th April | YES / NO  Not 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……………………………**