## **NEW EMPLOYEE PAYROLL INFORMATION**

Initiation D	ate:
Employee'	s name: Surname:
Address:	
Phone:	Mobile:
Date of Bir	th:\
Tax File N	umber:
Bank Nam	e: Branch of Bank:
Branch no	: \ Bank Account Number:
Position: _	
	Casual Part Time Full Time Salaried
Pay Rate:	
Other Information:	
Payslips:    email	
Please forward a copy of the following to company Accounting:	
☐ P	ayroll Details Form
☐ s	uperannuation Form
	mployment Declaration Form
	ontract