PAYROLL GURU

New Employee Form

COMPANY NAME	

Please note that the employee will not be paid until we receive a completed Tax File Number Declaration.

Employee Details

Employee Name	
Start Date	
Position	
Employment Status	Permanent / Casual **(Please circle as appropriate)**
Rate of pay (per hour)	
Address	
Telephone	
Email address	

Bank Account Details

Financial Institution Name	
BSB Number	
Account Number	
Name on Account	

Annual Leave

Entitled to annual leave?	Yes / No **(Please circle as appropriate)**
Number of days per year	
Entitled to leave loading	Yes / No **(Please circle as appropriate)**

Superannuation Fund

Does this employee have their own superannuation fund? If so, please enter details below. If not, they will be added to the default company fund.

Super Fund Name	
Account Number	
Name on Account	

Please fax completed form to **(02) 6253 1417** or email to **payrollguru@callaghans.com.au**