

EMPLOYEES PAYROLL FORM

**STRICTLY
CONFIDENTIAL**

To all new Employees

Please complete the following details to enable the wages department to pay you correctly.

Please note: - All details will be treated in the strictest confidence

Date of Birth National Insurance Number

Title First Name Surname

Marital Status

Single Married Divorced Widowed Other

Address

Postcode Phone Number

Email

When returning forms, please mark for attention of: **Independent Living Team**

(Please enclose **P45** from previous employment, or fill in the enclosed **HM Revenue & Customs Starter Checklist**. This will ensure that you pay the correct amount of tax).

Employers Name

(The person you will be working for)

Weekly Hours etc To Be Worked

Hours Half Hours Sleepovers ½ hours ¼ hours

Rate of pay

Hours £ Half Hours £ Sleepovers £

½ hours £ ¼ hours £

Pensionable age Evidence Seen


Signed (Employees Signature)

Date



Registered Charity No: 1113597

Warrington Disability Partnership
Centre for Independent Living
Beaufort Street
Warrington
WA5 1BA

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