EMPLOYEE DETAILS FORM

(Please photocopy & complete for each employee)

Company Name				
Employee Name				
Employee Addre	ess			
Date of Birth			Date of Joining	
Tax Code			National Insurance	
REMUNERATION				
Basic Rate / Salary	£	£ PER HOUR / WEEK / MONTH / YEAR		
TAXATION & NI (P45 or P46 for every new employee MUST be supplied)				
DEPARTMENT				
ADDITIONAL INFORMATION (Deductions or Additions, Please tick and supply details)				
Court Order Other		CSA Deduct	ion Atta	chment of Earnings
ANY ADDITIONAL NOTES				