

PRO Disability Payroll Service New Employee Starter Form

Data Protection: We are committed to ensuring that your information is secure and we have suitable physical, electronic and managerial procedures in place to safeguard the information we collect. Our full Privacy Notice is available at <http://prodisability.org.uk/legal.html> or you can ask us to post or email you a copy.

New Employee Details			
Employee's Full Name		Title	
Employee's Full Address and Postcode			
National Insurance Number	Date of Birth		
Employee's Marital Status	Employee's Telephone Number		
<p>Please attach a recent P45 to this starter form and select one of the following statements A, B or C</p> <p>A <input type="checkbox"/> This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.</p> <p>B <input type="checkbox"/> This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension</p> <p>C <input type="checkbox"/> As well as my new job, I have another job or receive a state or occupational pension.</p>			
Do you have any exemptions from national insurance? (e.g. over pension age) If Yes - Please attach evidence e.g. exemption form or evidence of state pension.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Student Loan or Postgraduate Loan which is not fully repaid? If YES then you will need to complete an additional HMRC Starter Checklist, please request this from your employer.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>ONLY COMPLETE bank details if wages to be paid from PRO Disability Holding Account Please check with your employer</p>			
Name on Bank Account			
Sort Code (6 Digit):			
Account Number (8 Digit):			
If Building Society Enter Roll Number:			
Statement by Employee : I confirm that the details completed above are correct.			
Employee Signature		Date	

PRO Disability Payroll Service New Employee Starter Form (continued)

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Employer's Name:			
Service User Name:			
Employer to Complete			
Please enter the following details from your new employees Contract of Employment.			
Employee Starting Date:		Weekly Contracted Hours:	
Pay Rates - please enter all rates that are applicable			
Basic Rate:	£	per hour	
Enhanced Rate:	£	per hour, for * evenings/weekends/bank holidays	
Night Rate:	£	per *hour/night	
Other Rate:	£	*Delete as applicable	
Statement by Employer: I confirm that I have checked the employee details overleaf and I have completed the details in this section.			
Employer Signature		Date	

Employer Notes

We advise employers to keep a copy of this form and return the original to Prodisability straight away.

You will need to inform us of any changes to this form.

In order to comply with the law on preventing illegal working in the UK you should carry out checks and retain copies of appropriate documents for future reference.

For further information on the checks and the documents please seek advice from your Legal Employment Helpline (via your Employers Liability Insurance Provider) or the HMRC.

For Official Use Only

Employee section completed and signed by employee	Yes	
Employer section completed and signed by employer	Yes	
Checked with employer regarding paying holiday if stated adhoc, zero hours or bank staff and made clear to payroll	Yes	
Signed:		
Dated:		