financial utilities
ACCOUNTANTS + BUSINESS ADVISORS

New Employee Form

TO BE COMPLETED BY THE EMPLOYEE:

Business Name: _____

Basic information:

Title:	
First Name:	
Middle Name:	
Last Name:	
Date of birth:	
Job Title:	
Gender:	Male / Female / Other OR select:

Contact information:

Phone number:	
Mobile number:	
Email:	
Address:	
Suburb:	
State:	
Postcode:	
Emergency contact:	

Tax details:

Tax File Number:	
Residency:	☐ Australian resident ☐ Foreign resident ☐ Working holiday maker
Tax free threshold claimed:	☐ Yes, if this is the only job No, if more than one job
HECS or HELP debt:	☐
Trade support loan	☐
Financial supplement debt	☐
Senior and pensioners tax offset claimed	☐
Other tax offset claimed	☐
Student startup loan	☐

Upward withholding variation	☐ Tick if additional tax is to be withheld

Superannuation details:

Choice of superannuation fund:	☐ The APRA fund or retirement savings account (RSA) I nominate ☐ The self-managed super fund (SMSF) I nominate ☐ The super fund nominated by my employer
Superannuation fund name:	
Unique superannuation identifier (USI):	
Super fund ABN (for SMSF only):	
Super fund member number:	
Electronic Service Address (for SMSF only):	
Fund bank account (for SMSF only):	BSB: Account number:
Salary sacrifice details (if applicable):	

Bank details:

Bank:	
Account name:	
BSB No: (6 digits)	
Account Number:	

Employee Signature:	Date:
Manager Signature:	Date:

TO BE COMPLETED BY THE BUSINESS:

Employment details:

Start date:	
Employment basis:	Casual / part-time / full-time OR select:
Award name (if applicable):	
Annual salary or rate per hour:	
Normal weekly/fortnightly hours:	

Leave:

Annual leave days per year:	20 days or
Personal/carer's leave days per year:	10 days or

Other details:

Manager Signature:	Date: