**Employee Details Form**

**New Employee to Complete:**

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| **Surname:** | **Given Names:** |
| **Preferred Name:** | **Gender:** |
| **Home Address:** | **Personal Phone Number/s:** |
| **Emergency Contact Name:** | **Emergency Contact Number:** |
| **Relationship of Employee to Emergency Contact:** | **Relevant Medical History:***(Please state any medical conditions that you need us to be aware of such as allergies, epilepsy, heart condition etc.)*  |
| **Bank Name and Branch:** | **Bank Account Name:** |
| **Bank Account Number:** |
| **IRD Number:** | **Existing Kiwisaver member (Yes/No):** |
| **New Zealand Permanent Resident or Citizen (Yes/No):***(If ‘no’ please provide a copy of the relevant work visa documentation)* | **Date of Birth:** |

**HR / Manager to Complete:**

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| **Job Title:** | **Role Reports To:** |
| **Permanent / Fixed-Term / Casual** *(Circle one)* | **Full-Time / Part-Time** *(Circle one)* |
| **Hired Date:** | **End date (if fixed-term):** |
| **90-day trial: (Yes/No)** | **90-Day trial end date:** |
| **Hours worked per week:** | **Hours worked per day:** |
| Mon: | Tue: | Wed: | Thu: | Fri: | Sat: | Sun: |
| **Remuneration:**Annual Salary:*Or* Hourly Rate: | **Annual Remuneration Review Date:** |
| **Applicable Allowances:** | **Site/Location:** |
| **Tax Code:** | **Signed Tax Code Declaration Form Submitted (Yes/No):** |
| **Kiwisaver Form Submitted (please circle):**Deduction Form / Opt Out / Kiwisaver Holiday  | **Kiwisaver Contribution Rate** (if applicable)**:**Employee:Company: |
| **Main Cost Centre:** | **Cost Centre Re-allocation** (if applicable)**:**Cost Centre:Percentage: |
| **Employees Business Email Address (if applicable):** | **Employee Annual Leave Provisions:** |
| **Employee Sick Leave Provisions:** | **Copy of Documentation Provided if not a Citizen or Permanent Resident (Yes/No):** |