**Payroll Number** (HR only):

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**As a new employee the University needs the information on this form before your first payday as:**

* We must advise HMRC about you and help them use the correct tax code
* We wish ensure prompt payment to you and to ensure you receive your payslip

Please fill both pages 1 and 2 in full and then pass to Human Resources in the first instance.

Do not send this form to HMRC.

**Employee’s personal details**

|  |  |
| --- | --- |
| Last name or family name | (in CAPITALS) |
| First name(s) | (in CAPITALS) |
| Are you male or female? | 🖵 Male 🖵 Female  |  | Date of birth *e.g. dd mm yyyy* |  |  |  |  |  |  |  |  |

Home address

|  |  |
| --- | --- |
| House Name |  |
| Number / Street |  |
| Local area, e.g. village or town if not posttown |  |
| Posttown |  |
| County |  |
| Postcode (if your address is in the UK) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance Number |  |  |  |  |  |  |  |  |  |  | Employment Start Date *e.g. dd mm yy* |  |  |  |  |  |  |

**Employee statement:**

|  |  |  |
| --- | --- | --- |
| You need to select/ tick only **one** of the following statements **A, B** or **C** | 1. This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, state pension or occupational pension.
 | 🖵 |
| 1. This is 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 state or occupational pension.
 | 🖵 |
| 1. As well as my new job, I have another job or receive a State or Occupational Pension.
 | 🖵 |

|  |  |
| --- | --- |
| Select ‘Yes’ if you have a student Loan which is not fully repaid and **both of the following apply**:* You left a course of UK higher education before last 6 April
* You received your first Student Loan instalment on or after 1 September 1998.

Select ‘No’ if you don’t have a Student Loan or you have a Student Loan but are paying direct to the Student Loans Company by agreed monthly payments.  | 🖵 Yes🖵 No |

RAU Student?

|  |  |
| --- | --- |
| Are you a student of the RAU | 🖵 Yes 🖵 No  |
| If Yes, please indicate your final month/year |  |

*Continue on page 2*

**Bank/Building Society Details**

|  |  |
| --- | --- |
| Name of Bank/Building Society: |  |
| Address of Bank/Building Society: |  |
|  |
| Account in the name of: |  |
| Sort Code |  |  | **-** |  |  | **-** |  |  | Account Number: |  |  |  |  |  |  |  |  |
| Building Society Reference (if applicable): |   |

**Electronic Payslips (ePayslips)**

The RAU no longer issue paper payslips. Depending on whether you are on the monthly or casual/weekly payroll, please note the following:

Monthly paid employees: at Induction, the process for accessing your payslip will be explained.

Casual/Weekly Payroll employees: it is important that you provide an email address, preferably not a work one, so we can email your payslip to you and you can access it confidentially using your national insurance number as the password.

|  |  |
| --- | --- |
| Email address: |  @ |

**Declaration: I confirm the above details are correct:**

|  |  |
| --- | --- |
| Signature of new employee: |  |
| Date: |  |

*For HR Use only: For Payroll Use (checklist and summary):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title |  |  | NI Table Letter |  |
| Department |  | P45 received, checked and entered |  |
| Start date checked: |  | Tax Code operated at start: |  |
| Contractual hours per week: |  | Email preferences entered |  |
| Term time only: | Yes / No | Pay Point (continue to onput) |  |
| Annual weeks worked: |  | Cost Centre/nominal check |  |
| Grade and Scale Point: |  | Pension:  |  |
| Salary/rate of pay: |  | - Auto-enrolment |  |
| Visa /work permit limitations: |  | - Teachers’ Pensions |  |
| Permanent/Fixed/Zero hours: |  | - Support Staff Options |  |
| Working pattern: |  | - PHI/Life Cover (if applicable) |  |
| Note: |  | Note: |  |

………………………………………………………………… ……………………… ………………………………………………………… ………………………

*HR signatory Date Payroll signatory Date*