

North-West Support Services
Induction
EMPLOYEE PAYROLL AUTHORITY

FULL NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____ [][][][][]

POSTAL ADDRESS: _____ [][][][][]

HARDLINE PHONE NUMBER: _____

MOBILE PHONE NUMBER: _____

EMAIL ADDRESS: _____

To be completed by General Manager or Direct Service Manager.

Award Classification: _____

DISABILITY SUPPORT WORKER LEVEL [] PAY POINT [1] [2] [3] [4] -- Circle

PERMANENT/CASUAL: _____

HOURS: _____

COMMENCEMENT DATE: / /

TAX FILE NUMBER: _____

Have you attached your Tax file declaration?

Banking Details:

1. BANK NAME: _____

BRANCH NAME: _____

BSB NUMBER [6 Digits]: _____

ACCOUNT NUMBER: _____

Second bank account if required:

2. BANK NAME: _____

BRANCH NAME: _____

BSB NUMBER [6 Digits]: _____

ACCOUNT NUMBER: _____

AMOUNT: _____

EMPLOYEE SIGNATURE:DATE: / /

MANAGEMENT SIGNATURE:DATE: / /