

08/V1 North West Support Services Inc.
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: / /