

## Employee Information Form

### Instructions

This form is in 2 parts and is to **support your existing payroll records** (such as hours of work, overtime, leave records, penalty rates, allowances, Individual Flexibility Agreements and Guarantees of Annual Earnings). Refer Part 3-6 of the [Fair Work Regulations 2009](#)

- **Part 1:** completed by EMPLOYER. Based on Fair Work Ombudsman guidelines and best practice.
- **Part 2:** completed by EMPLOYEE. Review annually to ensure information is up to date and relevant.
- BOTH parts to be stapled / scanned and maintained in employee records

### Notes:

1. This form is to help employers meet their general employment record keeping obligations in support of their payroll management
2. To be completed and retained for each employee
3. All records must be retained for a minimum of 7 years from the date the employee ceases their employment or an alteration to the record is made, whichever occurs first.
4. Where there is a transfer of a business from the old employer to the new employer (e.g. the business changes hands), employee records must be transferred to the new employer for each transferring employee.
5. An employer must ensure that employee records are not, to the extent of their knowledge, false or misleading.
6. Any election made by the employee in relation to the fund into which superannuation contributions are made must be kept by the employer, along with a record of the date of the election. Always ensure a superannuation choice form is completed and stored along with this form.
7. This form should also be used to capture and record the details of when the employee's employment is terminated (voluntary or involuntary)
8. Note: Advice should be sought prior to taking any action to terminate due to redundancy
9. **Existing Payroll Records:** It is strongly recommended that clients audit their existing methods of managing payroll and payslips to ensure compliance with record keeping requirements. Your accounting system / book keeper or accountant will offer the best place to start for this activity to cover:
  - a. Pay rates
  - b. Hours of work
  - c. Leave
  - d. Superannuation contributions
  - e. Individual flexibility agreements
  - f. Guarantees of annual earnings

**Part 1: Employment record (OFFICE USE ONLY)**

**Employer Details**

Registered business name:

Trading name (if applicable):

ABN:

Workers' compensation –  
policy name:

Policy no:

**Employment Details**

Employee FULL name:

Date employment  
commenced:

Employment duration:

Permanent  Temporary  Other (specify)

Employment status:

Full-time  Part-time  Fixed Term  Casual

Ordinary hours of work (Full or  
Part time only e.g. 38 hours):

Agreed days of work for Part  
Time (e.g. Monday, Thursday  
and Friday)

Name of Award or Agreement  
that applies:

Classification/job title under  
the Award/Agreement:

Agreed/required method of  
pay (e.g. EFT):

Agreed/required pay period  
(e.g. weekly):

Agreed/required pay day (e.g.  
Tuesday):

Apprenticeship/Traineeship  
details:

**Confirmation of personal details (ensure information is correct in Part 2 where required)**

Date of birth:

Address:

Phone number(s):

Tax file number:

**Termination of employment details - (COMPLETE WHEN REQUIRED)**

Date notice of termination  
given to the  
employee/employer:

Date of employee's last work  
day:

Termination initiated by:

Employee  Employer

Method of termination of  
employment:

Both parties consent  Employee gave notice  Summarily

Other (please specify)

Reason(s) given for  
termination:

***If the termination of employment was by the employer:***

Name of person who  
terminated the employee's  
employment:

Position (*of the person who  
terminated the employee*):

Signature of person who  
terminated the employment:

## Employee Information Form

### Part 2: Employee details (EMPLOYEE TO COMPLETE)

The Company requires this information for a number of reasons including for direct depositing funds to you and for an efficient and compassionate response in the event of any sickness or emergency situation arising whilst you are working or travelling away on behalf of the Company.

These details can be accessed at any time with notice. You are encouraged to regularly update this information whenever there is a change in your circumstances.

#### Employee Details

Employee FULL name:

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Date of birth:

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Address:

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Phone number(s):

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Tax file number:

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Driver's Licence No (please attach copy)

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*State of Issue:*

---

*Expiry date:*

---

*Type*

#### Employee Bank Details

Bank name:

---

Name on bank account:

---

Bank BSB no:

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Bank Account no:

#### Employee Superannuation Details

Superannuation fund name:

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Superannuation member number:

### Employee Emergency Contact Details

**Emergency Contact 1:** *You are required to complete **at least two Emergency Contacts** \**

Name*:	Relationship*:
_____	_____
Mobile*:	Home Ph*:
_____	_____
Address*:	
_____	

**Emergency Contact 2:** *You are required to complete **at least two Emergency Contacts** \**

Name*:	Relationship*:
_____	_____
Mobile*:	Home Ph*:
_____	_____
Address*:	
_____	

### Emergency Contact 3

Name:	Relationship:
_____	_____
Mobile:	Home Ph:
_____	_____
Address:	
_____	

### Employee Health Details

A disability or injury is not of itself a barrier to your employment. To assist in assessing opportunities for placement and any reasonable support or changes that may be required for an appropriate current or future role, please complete the following:

Do you have a disability, injury, illness or condition that may affect any aspect of your work performance?  YES  NO

\_\_\_\_\_

If YES, please briefly describe:

\_\_\_\_\_

Is there any reason preventing you from wearing or using Personal Protective Equipment where required?  YES  NO

\_\_\_\_\_

If YES, please briefly describe:

\_\_\_\_\_

## Equal Employment Opportunity

The following request for information is **voluntary only**. The Company is committed to improving the employment prospects of Indigenous Australians and embraces equal opportunity in employment and diversity in the workplace. The information collected will be used in the Company's diversity management reporting where required and in improving our recruitment processes - and will not be used for any other purpose.

Do you identify as  **Aboriginal**  **Torres Strait Islander**

## Employee acknowledgement and acceptance

*By completing this form you acknowledge and agree that the information is true and correct and that discipline, up to and including termination of employment, may result from supplying any misleading or false information.*

Employee signature

Date: