|  |  |
| --- | --- |
| Employer’s name: | **Contract and PA Information Sheet****Please complete one form per employee** |
| Employer’s address: |  |
| Employer’s contact number: |  |
| Employees name: |  |
| Employees address: |  |
| Employees contact number: |  |
| Date employment started: |  |
| Managed account/calculation only payroll: |  |
| Type of employment:(Permanent/Temporary/Casual) |  |
| Normal hours of work: |  |
| Normal pattern of hours:(If applicable) |  |
| Is employee required to work bank holidays and statutory public holidays? |  |
| When does the holiday year begin each year?(Start date of employment/1st April-31st March/Jan-Dec) |  |
| How much holiday is the employee entitled to each year? (i.e. hours per week x 5.6 weeks per year) |  |
| Does the holiday include/exclude bank holiday and statutory public holidays? |  |
| Normal gross rate of pay: |  |
| Weekend gross rate of pay (optional): |  |
| Unsocial hours gross rate of pay (optional): |  |
| Bank/statutory public holiday gross rate of pay (optional): |  |
| Waking night/sleeping night gross rate of pay (optional): |  |
| What is the frequency of payment? (Weekly/fortnightly/four-weekly/monthly in arrears) |  |
| Method of payment:(Cheque/bank transfer) |  |
| Date of payment: |  |
| Probationary period:(1 month/3 months/6 months) |  |
| Notice period from employee: |  |
| Does the employer have a nominated representative?(To act on behalf of the employer where necessary) | Name:Address:Contact details: |
| Will the employee be required to use their own car? (Business use will be needed on insurance if yes) |  |
| Rate of business mileage: (If applicable) |  |

**Additional Notes/Information:**