

Full name:

Date of birth*: / / Phone

Address*:

Tax file number*: Date employment commenced: / /

Employment status: Ongoing Temporary Other *(specify)*

Full-time Part-time Casual Other *(specify e.g. piece worker)*

Ordinary hours of work*
(for part-time or full-time employee; e.g. 38 hours):

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

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

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

Name of Award or Agreement

Classification/job title under the

Superannuation fund name†:

Employee clientship no:

Workers' compensation – policy

Policy no:

Next of kin*: Contact details*