

GCVS Payroll - Client Contact Sheet

This form is to be completed by the Authorised Payroll Contacts



Glasgow
Council
for the
Voluntary
Sector

EMPLOYER CONTACT INFORMATION

Employer Name:		GCVS Project No:	
Authorised Contact:		Authorised Contact No:	
Employer Tel No:		Employer Email:	

SICK PAY POLICY DETAILS

Do you operate a company sick pay scheme? Please tick	YES	NO
If yes, please give details (e.g. how many weeks full pay/half pay) <u>If you have a Sick Pay Policy please attach</u>		
Sick pay policy attached? Please tick	YES	NO
Are there any special conditions (e.g. probationary period)? If yes, describe below	YES	NO

Appointees responsible for employment and payroll matters. Please note this must include the project manager responsible for submitting and signing GCVS forms and members of the committee/board who will authorise any increase/change in wages for staff or Project Manager. Any changes to Project Manager salary must be authorised by another Authorised Signatory below.

Any documents and GCVS forms signed by any person not listed below will not be processed.

Name:		Signature:	
Position:		Email Address:	

Name:		Signature:	
Position:		Email Address:	

Name:		Signature:	
Position:		Email Address:	

In order to open your in trust bank account, our bank require us to provide the above contacts' address, date of birth and nationality; please complete the second page to this form with this information. These details will not be used for any other purpose than opening the account.

EMPLOYER ADDRESS

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GCVS will email payslips straight to the address employees' state on their new start forms. If you would prefer for them to be emailed to the manager/main payroll contact, please provide an email address below.

Note: this email address should be accessible to the recipient only as payslips contain personal & sensitive employee information.

Recipient Name:		Email Address:	
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Employer's Signature: _____

Position: _____

Date: _____

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To open your in trust bank account with GCVS, our bank requires the following information from the Authorised Payroll Contacts you have provided on the first page of this form. These details will not be used for any other purpose than opening the account.

Authorised Payroll Contact 1

Full Name:		Date of birth:	
Position:		Nationality:	
Home Address:			
Post Code:		National Insurance No:	
Signature:		Date:	

Authorised Payroll Contact 2

Full Name:		Date of birth:	
Position:		Nationality:	
Home Address:			
Post Code:		National Insurance No:	
Signature:		Date:	

Authorised Payroll Contact 3

Full Name:		Date of birth:	
Position:		Nationality:	
Home Address:			
Post Code:		National Insurance No:	
Signature:		Date:	

GCVS Payroll New Start Form

PLEASE COMPLETE ELECTRONICALLY WHEN POSSIBLE OR IN BLACK PEN & BLOCK CAPITALS

If you need help completing this form call 0141 332 2444 (option 2)



Glasgow Council for the Voluntary Sector

EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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EMPLOYEE INFORMATION

Title:		Forename:	
Surname:		Date of Birth:	
Marital Status:		Gender:	
Address:			
Post Code:		Contact Number:	
National Insurance No:		Is This Your Only Employment?	
Email Address:			
It is imperative this email address is correct for GDPR purposes. It should be your own, otherwise the payslips will be sent to your employer. Please save payslips to your device within the 30 day retention period before they disappear from the server.			
8 Digit Account No:		Sort Code:	
Account Roll No: (if applicable)		Is This Your Account?	
Bank Name:		Branch Address:	

Employee's wages must be paid into their own bank account

Please tick one of the following options, only 1 option should be ticked;

- A** This is my first job since last 6th April and I have not been receiving taxable Jobseeker's Allowance or Incapacity Benefit, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- B** This is now my only job, but since last 6th April I have had another job, or received taxable Jobseeker's Allowance or Incapacity Benefit, or Employment and Support Allowance. I do not receive a State or Occupational Pension.
- C** As well as my new job, I have another job, or receive a State or Occupational Pension.

FAILURE TO TICK THE CORRECT STATEMENT MAY RESULT IN UNDERPAID TAX WHICH WILL BE RECLAIMED FROM YOU BY HMRC

Do you have a Student Loan?

If so, which Plan do you have? Anyone who studied in Scotland will have a PLAN 4 student loan.

If not, check Student Loans website www.slc.co.uk

Do you have a Student Loan? YES NO

If YES: PLAN 4 PLAN 2 BOTH

Do you have a Post Graduate Loan? YES NO

*****IF YOU HAVE A RECENT P45 PLEASE ATTACH THIS WITH THIS FORM*****

EMPLOYMENT DETAILS - MUST BE COMPLETED BY THE EMPLOYER.

Employee Job Title:		Employee Start Date:	
Hourly Rate:		Hours Per Week:	
Annual Salary:		Full-time Hours:	
Work Pattern:		Working From Home Allowance:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pay Frequency:			Amount: £

I confirm that the above information is true and accurate:

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Forms which are not signed by both the employee and employer will not be actioned.

GCVS Payroll Leavers Form

This form is to be completed when an employee leaves your employment
 If you need help completing this form please call 0141 332 2444 (option 2)



EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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EMPLOYEE INFORMATION

Forename:		Surname:	
GCVS Employee No:		Leaving Date:	

PAYMENTS / REFUNDS DUE

Please circle which applies and mark in **HOURS** not days

Holidays	YES	NO	<u> </u> HOURS
Hours	YES	NO	Details: _____
Notice	YES	NO	Details: _____
Lieu Notice	YES	NO	Details: _____
Redundancy <u>Amount</u>	YES	NO	Details: £ _____
Other	YES	NO	Details: _____
Is the employee a member of a pension scheme?	YES	NO	If pension scheme payments for this employee are made by direct debit where GCVS are not responsible for uploading a file, the employer must cancel the mandate or report the leave date to pension company

I confirm that the above information is true and accurate:

Employee Signature: _____ Date: _____

Employee's signature is not compulsory on this form but is always better to have in case of any disputes after payment is made

Employer Signature: _____ Date: _____

Forms which are not signed by the employer will not be actioned.

For Office Use Only

P45 Issued:	YES	NO	By:	
Date Issued:	____ / ____ / ____		Period No:	

Breakdown of Final Payment:

SSP1 Issued:	YES	NO	SMP1 Issued:	YES	NO
Contacted Sheriff Officer:	YES	NO	Sent P45 to Employer:	YES	NO

GCVS Change of Details Form

If you need help completing this form call 0141 332 2444 (option 2)



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EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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EMPLOYEE INFORMATION

Employee Name:		GCVS Employee No:	
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DETAILS OF CHANGE: please note the change in the appropriate box(es)

New Name:		Old Name:	
New Address:		Old Address:	
New Salary:		Old Salary:	
New Hours:		Old Hours:	
New Job Title:		Old Job Title:	
Other New Information:		Other Old Information:	
Effective Date:			

I confirm that the above information is true and accurate:

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Forms which are not signed by the employer will not be actioned.

For Office Use Only

Actioned By:		Date:	
Period:		Checked By:	

GCVS Change of Bank Details Form

This must be completed by an employee who has changed their bank account details



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EMPLOYEE INFORMATION

Employee Name:		GCVS Employee No:	
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NEW BANK DETAILS

Bank Name:		Branch:	
8 Digit Account No:		Is this your account?	
Reference: (if applicable)		Sort Code:	
Date to take effect from?			

OLD BANK DETAILS

Bank Name:		Branch:	
8 Digit Account No:		Sort Code:	
Account Roll No: (if applicable)		Was this your account?	

I confirm that the above information is true and accurate:

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Forms which are not signed by the employer will not be actioned.

For Office Use Only

Actioned By:		Date:	
Period:		Checked By:	

GCVS Timesheet Template

Project Name: _____

GCVS Project No: _____



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GCVS Employee Number	Employee Name	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL HOURS PAYABLE	Other Hrs At £ Per hour
		Week Ending	Week Ending	Week Ending	Week Ending	Week Ending		

Completed By: _____

Authorised By: _____

Date: _____

SEND TO: GCVS Payroll Dept
11 Queens Crescent
Glasgow
G4 9AS

Or complete this timesheet electronically and email to tsst@gcvs.org.uk

Registered Office: 11 Queens Crescent, Glasgow G4 9AS

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