

# 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?    YES            NO

If YES, which plan(s)?

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      NO
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.