**2**

**Independent Lives**

Southfield House

11 Liverpool Gardens

Worthing

West Sussex

BN11 1RY

Charity No: 1153815

Registered in England No: 8654797

Tel: 01903 227816

Website: www.independentlives.org

Email: [payroll@independentlives.org](mailto:payroll@independentlives.org)

This service is provided by Independent Lives (Trading) Ltd, a subsidiary of Independent Lives.

**Payroll Service**

**New Employee Form**

To the Employee:

Please complete (in capital letters) Parts A and B. Once completed, please return this form along with your P45 (if you have one from your previous employment) to your employer.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A: To be completed by the Employee** | | | | | | | | | |
| **Employer details:** | | | | | | | | | |
| 1) Full name of Employer |  | | | | | | | | |
| **Employee details:** | | | | | | | | | |
| 2) Employee title | Mr | Ms | | | Mrs | Miss | | | Other |
| 3) Status | Single | Married | | | Divorced | Widowed | | | Other |
| 4) Employee surname |  | | | | | | | | |
| 5) Employee first names |  | | | | | | | | |
| 6) Phone number |  | | | | | | | | |
| 7) Email Address |  | | | | | | | | |
| 8) Date of birth |  | | | | | | | | |
| 9) Start date |  | | | | | | | | |
| 10) Address (including postcode) | | | | | | | | | |
|  | | | | | | | | | |
| 11) Job title | |  | | | | | | | |
| 12) National Insurance number | |  | | | | | | | |
| **Part B: P46 Declaration - To be completed by the Employee** | | | | | | | | | |
| **13) Your present circumstances**  Read all the following statements carefully and enter 'X'  in **the one** box that applies to you.  **Statement A:** “Do not choose this statement if you’re in receipt of a State, Works or Private Pension. Choose this statement if the following applies. This is my first job since 6 April and since the 6 April I’ve not received payments from any of the following:  Jobseeker’s Allowance  Employment and Support Allowance  Incapacity Benefit”  **A**  OR    **Statement B:** “Do not choose this statement if you’re in receipt of a State, Works or Private Pension. Choose this statement if the following applies. Since 6 April I have had another job but I do not have a P45. And/or since the 6 April I have received payments from any of the following:  Jobseeker’s Allowance  Employment and Support Allowance  Incapacity Benefit”  **B**  OR    **Statement C:** “Choose this statement if: o  you have another job and/or  you’re in receipt of a State, Works or Private Pension”. **C**  OR  **15) Signature and date**  I confirm that this information is correct  Signature | | | **14) Student Loans (advanced in the UK)**  If you have a student loan which is not fully repaid and you are not paying the student loans company directly, please tick which student loan plan you have:  **You will have a Plan 1 if any of the following apply**:  • You lived in Northern Ireland when you started your course, or  • You lived in England or Wales and started your course before September 2012  **You will have a Plan** **2** **if:**  • you lived in England or Wales and started your course on or after 1 September 2012.  **You will have a Plan** **4** **if:**  • you lived in Scotland and applied the Students Award Agency Scotland (SAAS) when you started your course.  **You have a Postgraduate Loan if any of the following apply:**  • you lived in England and started your Postgraduate Master’s course on or after 1st August 2016.  • you lived in Wales and started your Postgraduate Master’s course on or after 1st August 2017.  •you lived in England or Wales and started you Postgraduate Doctoral course on or after 1st August 2018.  **Plan 1  Plan 2**  **Plan 4**  **Postgraduate Loan (England and Wales only)**      Date *DD MM YYYY* | | | | | | |
| **Part C: To be completed by the Employer** | | | | | | | | | |
| **Employee Rate(s)** | | | | | | | | | |
| 16) Employers description i.e. basic rate, night shift etc**.** | | | | | 17) Hourly Rate | | | | |
|  | | | | | £ . /hour | | | | |
|  | | | | | £ . /hour | | | | |
|  | | | | | £ . /hour | | | | |
| 18) Mileage | | | | | £ . /mile | | | | |
| 19) Have expenses been authorised to be paid | | | | | Yes | | No | | |
| 20) PA’s contract type | | | | | | | | | |
| Fixed contract (regular hours) | | Yes | | Weekly contracted hours | | | | /Week | |
| Worker’s agreement (hours are irregular, hours do not need to be offered or accepted) | | | | | | | | Yes | |
| 21) Additional information (i.e. bank details if we manage the DP account) | | | | | | | | | |
|  | | | | | | | | | |
| Additional information part 2  This information is collected to help Independent Lives evaluate how effective our recruitment support is. | | | | | | | | | |
| 22) Job offer date (when you offered the job as opposed to start date) | |  | | | | | | | |
| 23) How did you recruit your employee | | Independent Lives website PA database | | | | | | | |
| Independent Lives Advert | | | | | | | |
| Friend / Family | | | | | | | |
| Word of Mouth | | | | | | | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**How to complete your Payroll Service New Employee Form**

A step by step easy to follow guide.

**Section 1 to be completed by the employer**

1. Full name of the legal employer. This will not always be the same as the DP customer.

**Sections 2-15 to be completed by the employee**

1. Employee to tick one of the five boxes
2. Employee to tick one of the five boxes
3. Employee surname/family name
4. Employee first name and middle names
5. Employee preferred contact number
6. Employee preferred e mail address
7. Employee date of birth
8. Start date as agreed with employer. If unsure, please write ‘TBC’.
9. Employee address including postcode
10. Job title as agreed with employer
11. Employee national insurance number
12. Employee to tick just one of the three boxes that reflects their current status/situation
13. Employee to complete this section if they have a student loan
14. Employee to sign and date that the information they have entered on the form is correct

**Sections 16-26 to be completed by the employer only**

1. Descriptions for different pay rates. EG You may have different pay rates for week days, weekends, bank holidays, overnights etc. Enter each description followed by the hourly rate for those times.
2. Add the hourly rate for the description you have entered in section 19 on the left
3. If you have permission to use some of the Direct Payment for PA mileage, please state the rate per mile
4. Tick the yes or no box as to whether you have permission to use some of the Direct Payment for expenses
5. Employer to tick the type of contract the PA is on and if on fixed contract their weekly hours
6. Add relevant information you would like Payroll to know.
7. Date you offered the job.
8. How you managed to find your new employee