



NEW STARTER CHECKLIST

Employee's Personal Details

Last Name: _____

First and Middle Name: _____

Are you: male female:

Date of birth: _____

Home address: _____

Email address (where payslips are to be sent): _____

National Insurance number: _____

Employment Details

Employment Start Date: _____

Contracted hours per week: _____

Days and hours worked (ie Mon- Fri): _____

Gross salary per contract: _____

Benefits in kind and value: _____

Employee Statement:

You need to only select one of the following:

- This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- This is now my only since *but* since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension. **Please provide a copy of your P45 with this form.**
- As well as my new job, I have another job or receive a State or Occupational Pension.

- Student loan :
- YES: PLAN 1
 - YES: PLAN 2
 - NO

I have a Student Loan which is not fully repaid and I have left a course of UK higher education before last 6 April and I received my first Student loan instalment on or after 1 September 1998.

PLAN 1 : The date of the course of study started **before** 1 September 2012

PLAN 2 : The date of the course of study started **on or after** 1 September 2012

Select "NO" if you are repaying your Student Loan direct to the Student Loans Company by agreed monthly instalment or you have no Student Loan.

Signed: _____

Full Name: _____

Dated: _____

TO BE COMPLETED BY THE EMPLOYER:-

As the Data Controller of your employees information, we require you to complete the following statement:

Pension Contributions

We confirm that the above employee is:-

- to have pension contributions/assessment deferred for three months until ;
or
- be assessed for the pension scheme and where applicable have contributions of % by ourselves and % by the employee
or
- The company is exempt from auto enrolment and we have confirmed this with Pensions Regulator directly.

We also confirm that the above information completed by the employee, as far as we are aware, is true and accurate.

Signed: _____

Full Name: _____

Dated: _____