

New Employee Details Form

Name: _____

Start Date: __ / __ / __

Bank Account: BSB _____ A/c _____
(If to be paid electronically)

Employment Declaration form completed: Y / N

Super Choice form completed: Y/N (Super to be paid at least quarterly)

Need to update workers compensation estimates?

If construction industry – register employee for long service leave (call 13 14 41)

Signed: _____ date __ / __ / __