## **Marlin HR**

## **Employee Information Form**



| Bold fields are mandatory                                  |   |  |
|--|---|--|
| Name   |   |  |
| Title  |   |  |
| First Name   | Preferred Name                                    |  |
| Middle Name  | Employee Code                                     |  |
| Last Name  | (Employee code must be unique, max 10 characters) |  |
|  |   |  |
| Address & Phone Details                                    | Emergency Contact Details                         |  |
| Address Line 1   | Name  |  |
| Address Line 2   | Relationship                                      |  |
| Suburb   | Address Line 1                                    |  |
| State Postcode   | Address Line 2                                    |  |
|  | Suburb  |  |
| Phone Ext.   | State Postcode                                    |  |
| Mobile   | Phone 1   |  |
| Fax  | Phone 2   |  |
| Email  |   |  |
| Personal   |   |  |
|  |   |  |
|  | ducational Qualifications                         |  |
| Date of Birth / /  |   |  |
| Marital Status Single Married Divorced  De Facto Separated | Employee Referee                                  |  |
| . Separates  | Resident Citizen Yes No                           |  |
| Dependants   | Working Holiday Maker Yes No                      |  |
| Classification   | Important Dates                                   |  |
| Employment Type  Full Time Part Time Casua                 | al Date Joined / /                                |  |
| Occupation   | (First day of work)                               |  |
| Normal Dept  | Continuing Service / /                            |  |
| Union  | (Commencement of continuous service)              |  |
| Award  |   |  |
|  |   |  |
| Tax Calculations   |   |  |
| Tax File Number Claim Tax Free Threshold Yes No            |   |  |
| Tax As Resident Non Resident Wor                           | rking Holiday Maker                               |  |
|  | licare Exemption                                  |  |
| Reportable FBT Amount                                      | (1st April - 31st March)                          |  |
| Tax Rebate Amount  |   |  |
| Tax Rebate Details   |   |  |

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**Bold fields are mandatory** 

| Pay Details  |   |  |
|--|---|--|
| Standard Pay Rate  |   |  |
| Normal Hours per Pay (At <u>Standard</u> Pay Rate)   |   |  |
| "Salaried Employee" (Pay Advice will show the Annual Salary amount instead of Standard Hours or Hourly Rate, as outlined in the Fair Work Australian guidelines. Check with your employers organization if you have any queries) |   |  |
| Normal Days Worked Monday Tuesday Wednesday Thursday Friday at Standard Pay Rate Saturday Sunday   |   |  |
| Primary Account: Wages Payment   |   |  |
| Payment Method Cash EFT to Bank Account Cheque   |   |  |
| BSB Account No.  | Account Name  |  |
|  |   |  |
| Secondary Account: Savings Payment   |   |  |
| Savings Amount (To be deducted from Net wages and deposited into different bank account to wages)  |   |  |
| BSB Account No.  | Account Name  |  |
| Allowances Deductions  |   |  |
| a. \$ (Per Pay)  b. \$ \$   c. \$   d. \$ \$   | a. \$ (Per Pay)  b. \$ \$  c. \$  d. \$ \$  |  |
| Leave Entitlements   | Employer Contributed Superannuation   |  |
| Annual Leave No Loading Hours Annual Leave with Loading Hours Long Service Leave Hours Personal Leave Hours  Notes   | Rate: Compulsory (%)  Fund Name Scheme Name Fund USI Member No. Date Joined / /                                   |  |
|  | SMSF Name  SMSF ABN  SMSF ESA*  SMSF BSB  A/C No.  *SMSF ESA is the Electronic Service Address used for payments. |  |