**EMPLOYEE DETAILS FORM**

*(Net Pay Authority and Taxation Declaration)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Purpose of Form** *(complete sections of form that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Employee Details** | | | | | | | | **Contact Details Change** | | | | | | | | | | **Bank Details Change** | | | | | | | | | | | | | **Tax Details Change** | | | | | | | | |
| 1. **Employee Details** *(required Information)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **District/Directorate:** | | | | |  | | | | | | | | | | | | | | | | | | | | | **ID Number:** | | | | | | | | |  | | | | |
| **Title:** | |  | | | **Surname:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | |  | | | **Other Name(s):** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Postcode:** | | | | | | | | | |  | | |
| **Mailing Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Postcode:** | | | | | | | | | |  | | |
| **Home Phone:** | | | | |  | | | | | | | **Mobile Phone:** | | | | | | |  | | | | | | | | **Date of Birth:** | | | | | | | | | |  | | |
| **\*Email:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | *\* Single sign-on details will be sent to this email address for new casual employees (HRMIS and Intranet sign-on)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Whole of Net Pay Authority** *(Salary / Wage Deposit Details)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank:** |  | | | | | | | | | | | | | **Branch:** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **BSB:** |  | | | | | | | | | | | | | **Account Number:** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Title of Account (e.g. Smith John and Mary):** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Taxation Employment Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your Tax File Number** | | | | | |  | |  |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  | | | |  | |  | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you a resident of Australia for taxation purposes?**  *If No is crossed, you cannot claim the tax free threshold on this form. Further information:* [*ato.gov.au/residency*](http://www.ato.gov.au/residency) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| **Do you wish to claim the tax-free threshold?**  *If you may only claim the tax-free threshold from one employer at a time.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| **Do you have an accumulated Study and Training Support Loans (STSL)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| *Further information regarding Withholding Declaration questions are available at* [*ato.gov.au/forms/withholding-declaration/*](https://www.ato.gov.au/forms/withholding-declaration/) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Superannuation Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I have been informed of Super Choice and provided with the Standard Choice Form**  *A copy of the form can be found here:* [*Super Choice Form*](https://apps.det.wa.edu.au/docserver/?key=UKJhfRtHnkFap6Vy3GYDst) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Payment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I have been informed that the Department issues online payslips. Income Statements are only available through myGov.** *Employees need to log into* [*HRMIS*](https://ikon.education.wa.edu.au/-/hrmis-access-1) *to obtain payslips and a* [*myGov*](https://my.gov.au/LoginServices/main/login?execution=e1s1) *account to view Income Statements.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Working with children** *(complete 1 section only, leave blank if not required for position)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applied for working with children card** | | | | | | | | | | | **Application Number:** | | | | | | | | | | | | | | | | | | **Expiry Date:** | | | | | | | | | | |
| **Current Working with children card** | | | | | | | | | | | **WA Notice Number:** | | | | | | | | | | | | | | | | | | **Expiry Date:** | | | | | | | | | | |
| 1. **Eligibility to work** *(complete as applicable)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Australian Citizen**  **New Zealand Citizen** | | | | | | | **Australian Permanent Resident**  **Visa Holder** *(Enter type and expiry date)* | | | | | | | | | | | | | | **Visa Type:** | | | | | | | | | **Expiry Date:** | | | | | | | | | |
| 1. **Teaching Staff Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I have been advised of the Recognition of Prior Service and Recognition of 5 Year Trained Status processes.**  *Further information can be found on the Department’s* [*IKON page*](https://ikon.education.wa.edu.au/-/apply-for-recognition-of-as-a-five-year-trained-teacher)*.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TRB Registration Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Expiry Date:** | | | | | | | | | |
| 1. **Declaration and Authorisation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I declare that the information I have given on this form is complete and correct.**  **I further authorise that my net pay be deposited into the above bank, credit union or building society.** *(If provided)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | |  | | | | | | |