

## PAYROLL INFORMATION FORM

**Important Information**  
**Please read and complete all details in full**  
**Incorrect or incomplete information will delay payment of your wages**

- Please complete the following **Personal Details, Bank Details** and **Superannuation Details**, as well as an **ATO Employment Declaration Form**.
- Please make sure details are **clear and accurate**. Incorrect information **will delay** payment of your wages.
- Payroll is **processed every Monday** (Tuesday if Monday is a Public Holiday).
- These forms must be received by this office **before wages can be paid**.
- If you are unable to get the originals to the office before starting your assignment, please **email the forms** to **temps@bakerpersonnel.com.au** and then **mail the originals** to Baker Personnel PO Box 1843, SUBIACO WA 6904.
- Timesheets (**signed by you and the client**) must be **emailed** (temps@bakerpersonnel.com.au) to this office **no later than close of business Friday** afternoon. Client must be left with a signed copy.
- Payslips will be emailed to you (please provide Baker Personnel with a current personal email address).

### PERSONAL DETAILS

Name (your full name) \_\_\_\_\_

Postal Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

### BANK DETAILS

Bank \_\_\_\_\_ Branch \_\_\_\_\_

BSB Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Account \_\_\_\_\_ Type (Cheque/Savings/Other) \_\_\_\_\_

### SUPERANNUATION DETAILS

As your employer we are required by the Commonwealth Superannuation Guarantee (Administration) Act 1992 to make superannuation contributions for you.

**Our superannuation plan is with the Kinetic Superannuation. We have found them to be efficient and cost effective.** If you have your **OWN PERSONAL** Superannuation Fund (**NOT A PREVIOUS EMPLOYERS**), please provide the following details. If the following details are not completed, we will assume you have chosen to have your contributions made to our plan with Kinetic Superannuation.

Fund Name \_\_\_\_\_

Policy/Account Name \_\_\_\_\_ Policy/Account Number \_\_\_\_\_

Fund Address  
(to which payments are sent) \_\_\_\_\_

Other Details \_\_\_\_\_

*When choosing your own Superannuation Fund, it is compulsory to provide a copy of their Superannuation Compliance letter which you will find on their website*

**I have read and fully understand the terms and conditions of my employment with Baker Personnel, as outlined on this form. I also confirm that the details provided by me on this form, are correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_