Payroll and Human Resources Outsourcing

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EMPLOYEE TAKE-ON FORM

EMPLOYMENT DETAILS						
Company Name		Employment Start Date				
Employment Type	Permanent / Fixed Term / Contractor	Employment End Date (Fixed Term)	N/A			
Job Title		Job Grade				
Rate of Pay	R Per month/ Hour	Frequency	Daily / Weekly / monthly			
Working Hours per Day		Working days per week				
Leave accrual per month	1.25 / 1.5 / 1 Hr for every 17 hours worked					

PERSONAL DETAILS

Title	Mr / Mrs / Miss / Ms	Surname	
First Name		Number of dependants	
ID No.		Date of Birth	
Gender (Male / Female)		Marital Status	Single / Married / Divorced / Widowed
Home Language		Race	
Income Tax No.		Tax Office	
Residential Address		Postal Address	
Home Telephone		Cell No.	
Email Address			
Pension / Provident Fund		Start Date	
Medical Aid		Start Date	
Back pay hours due			

PAYMENT / BANK DETAILS

Bank Name	Branch	
Bank Acc. No.	Branch Code	
Account Type		