NEW EMPLOYEE
AUTHORITY FORM

Please complete all details – Receiving a payment is reliant on a signed form

Name _____ **DOB** *(if under 21)* _____

Rate of Pay $ _____ **Level** _____ **Award** _____

Dept/Church _____ **Position** *(e.g. Cleaner)* _____

Start Date _____ **Contract End Date** _____

Additional Allowance/Claimable
(please specify type and amount e.g. mileage) _____

Employee Email _____

Employed as

◯ **Full-time* -** *Automatically paid each fortnight. (38 hours per week)*

◯ **Part-time* -** *Please choose payment option below.*

*Full and part-time employees are entitled to 4 weeks annual leave and 10 days sick leave each year.
Annual Leave Loading – payable ONLY if the employee is paid under an Award which has provision for such.

◯ **Auto Paid** _____ **hours per week**

Regular automatic amount paid each fortnight – complete Roster

Roster (*Indicate number of hours per day)*

SUN	MON	TUES	WED	THU	FRI	TOTAL HOURS
						0.00

◯ **Casual - Timesheet** *(must be completed and sent in each fortnight)*

Please allow for 4 weeks annual leave and 2 weeks personal leave and the superannuation contribution in your budgeting. Award rates may increase in July of each year.

Authorisation

We authorise for the above wages and superannuation guarantee to be charged to the Church's KCHURCH current account. These charges will be direct debited automatically from the Church's CMF Account.

Director/Pastor _____ **Treasurer/Clerk** _____

Print Name *Print Name*

_____ _____

Signature *Signature*

Date _____ **Date** _____

Clear Form