All **new** (but not existing) employees must complete this form in BLOCK CAPITALS and send it to their new Department upon their acceptance of an offer of appointment. This form does not have to be completed if you are transferring from one job in the University to another, or if you are taking on a second job in the University.

**If you do not return this form then we will not be able to pay you.**

**If you need this form in larger print, please contact chrishelpdesk@admin.cam.ac.uk**

PART 1 – New Employee Payment & Emergency CONTACT DETAILS

To be completed **by the new employee**

Section A – Personal Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NI Numbers**  If you do not currently have a National Insurance number, please refer to:  <https://www.finance.admin.cam.ac.uk/payroll/employees-national-insurance>  Do not enter information about social security numbers issued by governments outside the UK.  **Student Loans**  Do **not** tick Yes if you are repaying your UK Student Loan/Post Graduate Loan by agreement with the UK Student Loans  Company to make monthly payments through your bank or building society account.  Further information on student loans can be found at [www.gov.uk/repaying-your-student-loan](http://www.gov.uk/repaying-your-student-loan) | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. Surname |  | | | | | | | | | | | 2. Forenames |  | | | | | | | | | | | 3. Date of birth | D | D | M | M | Y | Y | Y | Y | | 4. UK N.I. Number | N | I | 1 | 2 | 3 | 4 | 5 | 6 | X |   5. Please tick one of the following statements (UK earnings only):  This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit or a state or occupational pension.   |  |  | | --- | --- | | A |  |     **OR**  This is now my only job but since 6 April I have had another job, or have received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.   |  |  | | --- | --- | | B |  |   **OR**  As well as my new job I have another job or receive a state or occupational pension.   |  |  | | --- | --- | | C |  |   If you have a P45 from a previous employer, please forward to [payrollenquiries@admin.cam.ac.uk](mailto:payrollenquiries@admin.cam.ac.uk)  6. Student Loans  If you completed or left your studies before 6th April and are not repaying your loan through your bank, please indicate which Student Loan Plan you have below if not fully repaid.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Plan1 |  | Plan 2 |  | Plan 4 |  |   Post Graduate Loans  If you completed or left your studies before 6th April and are not repaying your loan through your bank, please indicate if you have a Post Graduate Loan below if not fully repaid.   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |

Section B – Payment details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 7. Bank & Branch Name |  | | | | | | | | | | 8. Sort code |  |  | **–** |  |  | **–** |  |  | | 9. Account Number |  |  |  |  |  |  |  |  | | 10. Building society roll number (if applicable) |  | | | | | | | | | | 11. Name(s) on the Account |  | | | | | | | | | |

Section C– Emergency Contact

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In cases of need (such as an accident or an emergency) the University would like to be able to contact a relative or friend.  Note: These details may be made available to any relevant University employee in an emergency.  Details can be updated further via Employee Self Service | |  |  | | --- | --- | | 12. Name of contact |  | | 13. Relationship to you |  | | 14. Telephone |  |   15. Address of emergency contact   |  | | --- | |  | |

Signed Date

(Hand written signatures only)

**This form should be sent, with your letter of acceptance where applicable, to your new Faculty, Department or Institution.**

Part 2 – Departmental Confirmation – MUST BE COMPLETED

To be completed **by the** **Faculty, Department or other institution**

Section D – Employment details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If the employee subsequently does not start on the intended date of appointment, please notify the Payroll Section as soon as possible to avoid any over-payment. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 16. Job title of new starter |  | | | | | | | | | 17. Start Date of appointment | D | D | M | M | Y | Y | Y | Y | | 18. Department |  | | | | | | | | | |

The above-named member of staff has agreed to begin work on the above date.

Signed Name

(Hand written signature only)

Position Date

Telephone

This form should now be emailed, with the P45 where supplied, to payrollenquiries@admin.cam.ac.uk