

STRICTLY CONFIDENTIAL

DIRECT PAYMENTS

EMPLOYERS NAME	
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EMPLOYEE/PERSONAL ASSISTANT DETAILS

Title		First Name		Last Name	
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Address	
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Postcode	
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DoB		Gender		(M/F)
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NI Number														
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Date This Employment Started	
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First Pay Date with D.D. Payroll	
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Pay Period	Weekly		Fortnightly		4 Weekly		Monthly		Occasionally	
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Pay Rates/Hour	Mon-Fri		Sat		Sun	
	Bank Holidays		Sleeping In		Holiday Cover	
	Other Rates					

Normal Working Days	M		T		W		T		F		S		S	
Working Hours														

Employee Signature:		Date:	
Employer Signature:		Date:	