

Form for new employees

Employer: _____ client number

Employee

Personnel number: _____	Academic title: _____
Family name: _____	First name: _____
Address: _____ <small>(street / house number / post code / city)</small>	
Sex: male female	Social security number: _____ <small>(10 digit number) d d m m y y</small>
Family status: _____	Nationality: _____

Payroll information

Date of employment: _____	Job title: _____
Place of work: _____	Department: _____ <small>(as needed)</small>
Collective agreement: _____ <small>(CA)</small>	CA / year: _____
Type of contract: _____	Wage/Salary: _____ € x _____ per year <small>(monthly)</small>
Cost centre: _____ <small>(as needed)</small>	Working hours: ____ days / _____ hours <small>(weekly)</small>
Extras: _____ <small>(e.g. time off in-lieu, disability allowances, wage garnishment, 12 monthly payments,...)</small>	

Employee's bank information

Bank: _____	
IBAN: _____	BIC / SWIFT: _____

