## Form for new employees

Employer:		
		client number
Employee		
Personnel number:	Academic title:	
Family name:	First name:	
(street / house number / post code / city)		
Sex:	Social security number:  (10 digit number)	ddm myy
Family status:	Nationality:	
Daywall information		
Payroll information		
Date of employment:	Job title:	
Place of work:	Department:	
Collective agreement:	CA / year:	
Type of contract:	Wage/Salary:(monthly)	€ x per year
Cost centre:	Working hours: days /	hours
Extras:		
(e.g. time off in-lieu, disability allowances, wage garnish	nment, 12 monthly payments,)	
Employee's bank informat	ion	
Bank:		
	BIC / SWIFT:	

