

Form for new employees

Employer: _____ □□□□□
client number

Employee

Employee number: _____	Academic title: _____
Family name: _____ (please state in BLOCK LETTERS)	First name: _____
Address: _____ (street / house number / post code / city)	
Gender: Please choose	Social security number: (10 digit number) □□□□□□□□□ d d m m y y
Family status: Please choose	Citizenship: _____

Payroll information

Date of employment: _____	Job title: _____
Place of work: _____	Department: _____ (as needed)
Collective agreement: _____ (CA)	CA / year: _____ Next reclassification: _____ (according to CA)
Type of contract: Please choose	Wage/ Salary: _____ € <input checked="" type="checkbox"/> 14 per year (monthly)
Cost centre: _____ (as needed)	Working hours: _____ days / _____ hours (weekly)
Ongoing executions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled person benefiting: <input type="checkbox"/> Yes <input type="checkbox"/> No
Extras: _____ (e.g. limitation, 12 months salary, border commuters, ...)	

Employee's bank information

Bank: _____
IBAN: _____ BIC/ SWIFT: _____

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