**ADVICE OF EMPLOYMENT – INDIVIDUALISED FUNDING CLIENT**

**NEW EMPLOYEE FORM**

**ALL sections must be completed for employee to be set up and paid**

***Employee #:\_\_\_\_\_\_\_\_\_***

*OFFICE USE ONLY*

Return to: DisabilitySupport@lifewise.org.nz

**Employer’s Details**

***\*Please note you cannot be both the Employer & Employee***

***IF Client #:\_\_\_\_\_\_\_\_\_***

*OFFICE USE ONLY*

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_

Phone (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Resident Family Carer (please tick if you live with the person you are caring for)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Consent to send Date of Birth to IRD (for payroll purposes)

Gender: Male / Female / Other Gender (Please Circle)

**EMPLOYEE ALLOWANCES**

**Mileage:** I would like my Employee to have mileage reimbursed for work related travel:  **Yes**  **No**

**Mileage Rate: $**\_\_\_\_\_\_\_\_\_\_\_ **per Kilometre**

**Annual Holidays Type:**  **4 weeks** (minimum legal requirement)

  **Other** (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sick Leave Type:**   **10 days** (minimum legal requirement – commences after 6 months)

  **Other** (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Union** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK ACCOUNT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank** | **Branch** | **Account Number** | **Suffix** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Bank Account:

Bank Account in the Name of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach bank deposit slip if applicable*

Password for email payslips: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_

*(Your password may be any combination of up to a maximum of 10 letters and numbers. Please do not choose any obvious passwords, such as the word “password”. You should not choose a password that you already use for something else, e.g. banking or email.)*

**Employment Details**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification:  **None**  **Level 2**  **Level 3**  **Level 4 or higher**

Minimum legalised rates: **$22.70 $24.06 $26.16 $28.25**

Name of Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Pay Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respite Sleepovers – \*Only Applicable if IF Client has been allocated a **Respite Care Budget**

 **Yes**  **No** Sleepover Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Type**:

|  |  |
| --- | --- |
| **Permanent Employee***Example:* *If your employee will be working every week or every fortnight, they are considered a permanent employee. They may have regular set hours every week ( 5 hours every Monday) or they may have flexible or variable hours each week or fortnight (their hours and/or days may change from week to week). They could be working full or part-time.* | **Casual Employee***Example:* *Your employee is on a genuine fixed-term agreement of less than 12 months, or your employee works so intermittently or irregularly (only working the school holidays, or once in a while to help out) that it is impractical to provide them with 4 weeks annual leave.* **It is not the same as having flexible variable hours each week** |
| **Minimum Hours per week :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****as per Employment Agreement**: *(Agreed definition of a week for annual leave calculations)* | \*Please email DisabilitySupport@lifewise.org.nz or your Lifewise IF Coach or for a Casual Employment Contract Template if hiring a Casual Employee. |

**Payslip**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee) consent to receiving my payslips via email. I understand I can withdraw my consent at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (by the employee)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (by the employer)

**CHECK LIST: Have you also included these documents?**

|  |  |
| --- | --- |
| IRD Tax Declaration Form  | Kiwi Saver Deduction ***or*** Opt Out Request Form  |
| Individual Employment Agreement | Work or Student Visa *(please tick if you are on a work or student visa*  |

**Return completed forms to:** **DisabilitySupport@lifewise.org.nz** **before 4pm Friday before the next pay deadline**

***Please note****: Employees that have not worked within a 12 month period are terminated* *and will be required to sign forms again to resume employment to ensure all information is correct and employment conditions are up to date.*