

**CONTRACTS OF EMPLOYMENT
INFORMATION REQUIRED FOR EACH EMPLOYEE**

EMPLOYEE DETAILS

| | |
|---|--|
| Title (Mr/Mrs/Ms) | |
| First Name & Middle Name if applicable | |
| Surname | |
| Address <i>Including postcode & country</i> | |
| Date of Birth | |
| Gender | |
| Home Telephone Number | |
| Mobile Telephone Number | |
| Tick here if the employee does not understand English | |

JOB DETAILS

| | |
|---|--|
| Job Title | |
| Job Description <i>Will be appropriate to attach a separate document</i> | |

PAY

| | |
|---|--|
| Rate of Pay | hourly / weekly / monthly / annually or _____ |
| Payable | Weekly / Fortnightly / Monthly or _____ |
| Method of Payment | Cash / Cheque / Credit Transfer |
| Any additional information e.g. what day payment is made | |

Circle the answers that apply

CONTRACT TYPE

| | | |
|---|---|--|
| Contract Type | <ul style="list-style-type: none"> • Permanent • Fixed Term (Specified Term) • Fixed Term (Specified Purpose) • Zero Hours Contract • Employee Shareholder | <div style="border: 1px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <i>Circle the answers that apply</i> </div> |
| If Fixed Term Contract, what is the expected termination date | | |
| If Specified Purpose, what is the purpose? <i>e.g. maternity cover</i> | | |
| If Employee Shareholder Agreement, give details of share arrangement <i>Can be provided on a separate document</i> | | |

HOURS OF WORK

| | |
|---|--|
| Number of hours per week | |
| Normal Weekly Start/End Day <i>e.g. Monday to Friday</i> | Start Day: End Day: |
| Start Time (if fixed) | |
| End Time (if fixed) | |
| Any exceptions to normal working | |
| Shift Work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Casual Work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Include details of shift/casual work patterns | |
| Include the 48 Hour Opt our Clause | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|--|
| Are there any Collective Agreements in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide details | |

| | |
|--|--|
| To whom should disciplinary appeals be made? | |
|--|--|

DATES & PLACES

| | |
|---|--|
| Date of commencement with this employer | |
| Date of this Contract <i>If different to Date of Commencement</i> | |
| Commencement of period of continuous employment <i>This is only relevant where a company was acquired by another company</i> | |
| Length of Probation Period | |

| | |
|---|--|
| Place of work, if different to employer's main address | |
| Required to drive as part of the job? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the employee be required to work elsewhere | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the employee be working outside the state for more than 1 month? If yes provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

OVERTIME & ADDITIONAL BENEFITS

| | |
|--|--|
| Is overtime paid or unpaid? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details of overtime payments or any other remuneration packages | |
| Is accommodation provided, if yes, give details | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there a pension scheme? If yes, please give details. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there a company sick pay policy? If yes, please give details. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|-------------|
| Minimum required notice if an employee is unable to attend work on any day? <i>In cases of emergency, not planned.</i> | _____ hours |
| Details of how the individual should notify the Company (optional) | |

BREAKS

| | |
|--|-----------------------|
| Are rest Break paid or unpaid | |
| Length of Break | _____ Minutes / Hours |
| Details of Breaks and/or compensatory breaks | |

ANNUAL LEAVE

| | |
|----------------------------|--|
| Annual Leave | _____ hours / days |
| Are Bank Holidays included | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Annual Leave Year | <i>From:</i> <i>To:</i> |

NOTICE REQUIREMENTS ON TERMINATION

| | |
|---|--|
| Minimum notice the employee is required to give the employer of their intention to leave? | |
| Minimum notice the employer will give the employee of termination of employment | |
| Tick if only Statutory Notice Periods will apply? | |
| In the event of termination, may the employee be paid in lieu of notice | |