**EMPLOYER DETAILS FORM**

*(This information is collected for HR purposes only and will be stored under secure conditions. It will not be distributed without the consent of the employer.)*

New Amendment

|  |  |  |  |
| --- | --- | --- | --- |
| **Parish/Congregation Details** | | | |
| **Congregation/Parish Name** |  | | |
| **Trading Name** |  | | |
| **Address** |  | | |
|  | | |
| **Postcode** |  | |
| **Is this different from your postal address?** | | | **Y /  N** *If yes, please specify postal address below…* |
| **Postal Address** |  | | |
|  | | |
| **Postcode** |  | |
| **ABN/WPN** |  | | |
| **Signature Name\***  *\*for PAYG Summary purposes* |  | | |
| **Position held of**  **Signature Name** |  | | |
| **Contact Email Address** |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payroll Details** | | | | | | | | |
| **Payroll Frequency** | | **Fortnightly  Weekly  Monthly  Other\***  **\*Please specify:** | | | | | | |
| **UPCOMING PAYROLL DATES** | | | | **PAY PERIOD DATES** | | | | |
| **1.** |  | | | **From** | |  | **To** |  |
| **2.** |  | | | **From** | |  | **To** |  |
| **3.** |  | | | **From** | |  | **To** |  |
| **Current Payroll Method** | | **EFT Transfer  Cheque  Other\***  **\*Please specify:** | | | | | | |
| **Current Payroll System** | |  | | | | | | |
| **HR / Payroll Data easily accessible and extractable?** | | | | | | **Y  N** | | |
| **Employee Types to Include** | | **Pastors  Lay Workers  Paid Employees**  **International Assignment  Casual**  **Paid Volunteers  Volunteers** | | | | | | |
| **Employee Details in LAMP?** | | | **Y  N** | | | | | |
| **Names of Employees to**  **On-Board** | | **Pastors** | | |  | | | |
| **Lay Workers** | | |  | | | |
| **Paid Employees** | | |  | | | |
| **Volunteers** | | |  | | | |

|  |  |  |
| --- | --- | --- |
| **Approving Managers** | | |
| **How many Approving Managers\* within organisation?**  *\*The Approving Manager is responsible for actioning employee leave requests, timesheets, and expense reimbursements.* |  | |
| **Names of Approving Managers**  *If more than one, please fill out as many Approving Manager Details Forms as required.* | **Primary** |  |
| **Secondary**  *(optional)* |  |