

Your Payroll Service Set Up Form

Section A – Personal Budget Recipient

First name
Middle name
Surname
Date of Birth:
Address and Postcode
Telephone
Email address:
Preferred method of contact:
 Telephone Mobile Email

Section B – Client Representative (if applicable)

First name
Middle name
Surname
Date of Birth:
Address and Postcode
Telephone
Email address:
Preferred method of contact:
 Telephone Mobile Email

Section C Direct Payment used for:

Employing a PA (s) Agency care
 Other Enter details below (e.g. respite, transport)

Section D - Personal Assistant 1

| | | | | | | | | | | | |
|---------------|-----|-----|------|-----|-------------|---------------|-----|-------------|-------------|-----------|---|
| Name: | | | | | | Start date: | | | | | |
| Email: | | | | | | Tel: | | | | | |
| Weekday Hours | | | | | | Weekend hours | | | Total Hours | Sleep ins | Double Pay for Bank Holidays? |
| Mon | Tue | Wed | Thur | Fri | Hourly rate | Sat | Sun | Hourly rate | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | | £ | | | £ | | | |

Section D - Personal Assistant 2

| | | | | | | | | | | | |
|---------------|-----|-----|------|-----|-------------|---------------|-----|-------------|-------------|-----------|---|
| Name: | | | | | | Start date: | | | | | |
| Email: | | | | | | Tel: | | | | | |
| Weekday Hours | | | | | | Weekend hours | | | Total Hours | Sleep ins | Double Pay for Bank Holidays? |
| Mon | Tue | Wed | Thur | Fri | Hourly rate | Sat | Sun | Hourly rate | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | | £ | | | £ | | | |

Section D - Personal Assistant 3

| | | | | | | | | | | | |
|---------------|-----|-----|------|-----|---------------|-------------|-----|-------------|-------------|-----------|---|
| Name: | | | | | | Start date: | | | | | |
| Email: | | | | | | Tel: | | | | | |
| Weekday Hours | | | | | Weekend hours | | | | Total Hours | Sleep ins | Double Pay for Bank Holidays? |
| Mon | Tue | Wed | Thur | Fri | Hourly rate | Sat | Sun | Hourly rate | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | | £ | | | £ | | | |

Section D - Personal Assistant 4

| | | | | | | | | | | | |
|---------------|-----|-----|------|-----|---------------|-------------|-----|-------------|-------------|-----------|---|
| Name: | | | | | | Start date: | | | | | |
| Email: | | | | | | Tel: | | | | | |
| Weekday Hours | | | | | Weekend hours | | | | Total Hours | Sleep ins | Double Pay for Bank Holidays? |
| Mon | Tue | Wed | Thur | Fri | Hourly rate | Sat | Sun | Hourly rate | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | | | £ | | | £ | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

In order to start your payroll service the following documents must be completed, signed and returned to us by post to the address below.

| | | | |
|--|--------------------------|--|---|
| Set up form (this form) | <input type="checkbox"/> | Your Payroll Service 263a Tarbock Road Huyton L36 0SD | Email: yourpayroll@kdc.org.uk Phone: 0151 949 5442 |
| Letter of Engagement | <input type="checkbox"/> | | |
| Forms 64-8 and FBi2(original form) | <input type="checkbox"/> | | |
| New Employee Starter Form(s) Signed by Personal Assistant(s) | <input type="checkbox"/> | | |