

Department _____

Full Name _____

Title _____ Payroll Number _____

Address _____

Postcode _____ Date of Birth _____

NI Number _____ Sort Code _____ - _____ - _____

Account Number _____

If your details have changed, or if you are a new employee, please ensure that all of the above information is provided. This is to enable Payroll to comply with HMRC regulations.

If the requested details are not completed the form will be returned unpaid.

Details of hours worked

	MON	TUES	WED	THURS	FRI	SAT	SUN	Total
Date								
From – To								
Hours *								

* Hours worked (excluding lunch break)

Hourly Rate £ _____

Total Hours Worked _____

Total £ _____

Managers Use

Payment Item Code _____ Payment Analysis Code _____

Authorised Signature _____

Authoriser Name _____

Authoriser Post Title _____ Date _____

Payment will be made on the 24th of the month in line with Goldsmiths monthly Payroll. All claims must be received by the 12th of the month if they are to be included in that month's payroll.

If you have any queries regarding this form please contact Payroll on 020 7919 7928.