



Solomon Islands Government SALARY /WAGES AUTHORITY

TY 131/9

Please complete all relevant parts and send to the Salaries Section with an accompanying memorandum giving full details and authorisation. NEW EMPLOYEE CHANGE EMPLOYEE DETAILS TERMINATE EMPLOYEE *PLEASE PRINT CLEARLY* **EMPLOYEE DETAILS** TPF NUMBER Prof Rev Other SALUTATION Dr Mr Mrs Miss Ms SURNAME GIVEN NAMES PREFERRED NAME **GENDER** Male Female DATE OF BIRTH TAX ID NUMBER **HOME ADDRESS HOME PHONE WORK PHONE** MOBILE EMAIL ADDRESS DATE COMMENCED DATE TERMINATED CONTRACT EXPIRY AWARD HOLIDAY GROUP PAY POINT BANK BSP ANZ Westpac Cheque JOB DETAILS POSITION NUMBER MOVEMENT CODE Promotion Transfer Temp Appointment Correction Demotion Demotion Increment Restructure CLASSIFICATION INCREMENT JOB TITLE LOCATION PROBATION 6 MONTHS 12 MONTHS 24 MONTHS **NONE** EXPENDITURE ACCOUNT ALLOWANCES/DEDUCTIONS CODE/DESCRIPTION TOTAL AMOUNT OWING P* **AMOUNT** START DATE END DATE $P^* = PERMANENT OR NUMBER OF PAY PERIODS$ PAYROLL DETAILS BANK BRANCH ACCOUNT NUMBER NAME ON ACCOUNT **SUPERANNUATION CONTRIBUTION PERCENT** FOR TREASURY USE ONLY MINISTRY USE AUTHORISING OFFICER DATE RECEIVED **ENTERED BY** POSITION TITLE SIGNED DATE

SIGNED