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Employee Information Form

Details	Employee 1	Employee 2
Job Title		
Work Location		
Age		
Gender		
Start date of continuous service (dd/mm/yy)		
Date employment started with existing employer (dd/mm/yy)		
Contractual weekly hours		
Regular overtime hours per week		
Salary (or hourly rate of pay)		
Payment interval		
Bonus payments		
Pay review method		
Frequency of pay reviews		
Agreed pay increases		
Next pay review date		
Any existing or future commitment to training that has a time or financial implication?		
Car allowance (£ per year)		
Lease or company car details		
Any other allowances paid		
Any other benefits in kind		
Type of pension provision		
Current employer contribution rate		

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Private health insurance		
Annual leave entitlement (excluding bank holidays)		
Bank holiday entitlement		
Mobility or flexibility clause in contract?		
Contract end date (if fixed term contract or temporary contract)		
Maternity or paternity leave		
Sick leave entitlement		
Sick pay entitlement		
Notice period		
Any collective agreements?		
Employment status (e.g. employee, self-employed, agency worker)?		
% of working time dedicated to the provision of services under the contract		
Currently absent from work due to long term sickness absence, maternity leave or career break (indicate reason for absence)		
Information about any disciplinary procedure taken against employee or grievance procedure taken by, the employee in the last 3 years		
Information of any court, tribunal, case, claim or action: (a) brought by the employee against the transferor previous 3 years; and (b) that the transferor has reasonable grounds to believe that the employee may bring against the transferee, arising out of the employee's employment.		
Employee DBS checked? (yes or no)		
If "yes" enter date of DBS check notification to you and employee		
If "yes" enter the category of the DBS check notification to you and employee		

and employee
State length of pensionable reckonable service
Please attach copies of all policies applicable to employee

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