

# WAE PAYROLL FORM

Please fill in this form using **BLOCK CAPITALS**.

## Section 1 – Personal:

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

No. of Dependents (required for Social Welfare purposes): \_\_\_\_\_

## Section 2 – Payroll:

P.P.S. No: \_\_\_\_\_ PRSI Class: \_\_\_\_\_

## Section 3 – Work:

Contract Type:

Full-time  Part-time  Seasonal  Fixed Term

Commencement Date: \_\_\_\_\_

## Section 4 – Next-of-Kin:

*The following information re next-of-kin is being requested for Health and Safety reasons:*

Surname & Forename: \_\_\_\_\_ Telephone: \_\_\_\_\_

Next-of-Kin Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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*WAE adheres to the Data Protection Act. Personal Information is not released to any outside body/person without the prior consent of the employee being obtained.*

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*Please complete and return this form to Mr Ken McCormick, Lime Hill, Newtown, Waterford  
or to Caroline, David Breen Ltd, Accountants, Maritana Gate, Waterford*

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_