

AGREEMENT FOR CASUAL WORKERS



This form should be used for casual workers for work up to 2 consecutive months' duration. You should submit this form by the 3rd of the month for payment at the end of that month. All sections of this form must be completed fully using black ink and capital letters. Incomplete forms will be returned.

PERSONAL DETAILS

PROF/DR/MR/MRS/MISS/MS (Delete as appropriate)	FEMALE/MALE (Delete as appropriate)
FORENAME:	SURNAME:
LOCAL HOME ADDRESS INCLUDING POSTCODE (Not Departmental Address)	DATE OF BIRTH:
	NATIONALITY:
	PAY REF NO. (if appropriate):
	NATIONAL INSURANCE NUMBER:
	Please contact your DWP ¹ Office if you do not have an NI no. http://www.dwp.gov.uk/localoffice/ for details
PREVIOUS EMPLOYMENT WITH UNIVERSITY YES/NO (Delete as appropriate)	

ETHNIC ORIGIN: Please tick the box which describes your ethnic origin

White – British	White – Scottish	White – Irish	Other White
Black/ Black British Caribbean	Black/Black British African	Other Black	Asian/Asian British Indian
Asian/Asian British Pakistani	Asian/Asian British Bangladeshi	Chinese	Other Asian
Mixed – White and Black Caribbean	Mixed – White and Black African	Mixed – White Asian	Other Mixed Background
Other Ethnic Background	Prefer not to disclose this information		

DISABILITY: I consider myself disabled (please tick relevant box) If Yes please mark those disabilities relevant to you (choose up to two options, numbered 1 for main disability and 2 for any additional disability)	Yes	No
General Learning Disability (e.g. Downs syndrome)	Cognitive impairment (e.g. autistic spectrum disorder or resulting from head injury)	Long-standing illness or health condition (e.g. cancer, HIV, Diabetes, Chronic Heart Disease, Epilepsy)
Mental Health Condition (e.g. depression, schizophrenia)	Specific Learning Difficulty (e.g. dyslexia, dyspraxia)	Physical Impairment or mobility issues (e.g. difficulty using arms, a wheelchair or crutches)
Deaf or serious hearing impairment	Blind or serious visual impairment	Other type of disability (please specify)
Prefer not to disclose this information		

JOB DETAILS

Job Title: Grade:	SOC Code Number ¹ :	Dept/Organisation/Level 5:
----------------------	--------------------------------	----------------------------

Nature of Work:

Period of Employment (please state actual dates)	From:	To:
---	-------	-----

Total Hours for this Payment:	Hourly Rate:	Holiday % 10.7%	Total Amount (incl. Holiday):
-------------------------------	--------------	--------------------	-------------------------------

Costing Details	%age	Account	Cost Centre	Job Code
Source of funds				

This agreement will be null and void and no payment can be made unless you have provided the University with evidence that you are/were entitled to work in the UK at the time of undertaking the work. I confirm I have undertaken the work on the terms of these particulars.

Date:

Signature:

Verified and authorised by Head of School/Support Department or Authorised Signatory

Date:

Contact Phone Number:

Print Name and Position:

Signature:

Retain a copy of this form and send the original to your HR Team with a verified copy of documentary evidence of eligibility to work in the UK. Guidance on documentary evidence is given overleaf.

For information on Student Employment including National Insurance and Income tax, please refer to the following web site at http://www.finance.ed.ac.uk/general/student_employment.html

HR Authorisation

BANK MANDATE: The worker must complete this as the University only makes payment via BACS.

Please complete and attach your P45. Otherwise, please complete the attached P46.

BANK/BUILDING SOCIETY

BRANCH ADDRESS

Roll no. (if applicable):

Account no. (8 Digits)

Sort Code

Eligibility to work in the UK: A worker with an on-going right to work in the UK will be expected to present documents as set out below. Please tick the appropriate box and attach the copy of the document(s) to this form. You need to check that (a) Photographs are consistent with the appearance of potential employee; (b) Dates of birth listed are consistent with the appearance of potential employee; (c) Expiry dates have not been passed; and (d) UK Government stamps or endorsements do not restrict the employee from undertaking the work in question. Copies of passports must include: (a) Outside Front cover (note: passports for nationals from some countries have the front cover on the back); (b) All pages containing individual's personal details e.g. photograph, signature, date of birth, etc.; (c) All pages containing UK Government stamps or endorsements which allow the individual to do the type of work being offered; (d) If the individual is a citizen of an A2 country (i.e. Bulgaria or Romania) a copy of the authorisation card/certificate should be included. (e) If the individual is a citizen of an A8 country, a copy of their worker registration certificate or a copy of their completed worker registration form. For a list of EEA countries whose nationals are eligible to work in the UK, A2 and A8 nationals and more detailed information on eligibility to work in the UK, see http://www.humanresources.ed.ac.uk/Recruiters_Manual/3.10_Immigration%20Asylum_Nationality_Act_2006.htm

If the worker can not present one of these documents, or the necessary combination please refer to your HR Team or our web site http://www.humanresources.ed.ac.uk/Recruiters_Manual/5.10_Evidence_Right_Work_UK.htm for further details.

One document required as evidence of eligibility

Checked (1 doc)

1. A passport showing that the holder is a British citizen, or has a right of abode in the UK.
2. A passport or national identity card showing that the holder is a national of an EEA country or Switzerland. (See note above regarding additional evidence from citizens from A2 and A8 countries)
3. A passport or Biometric Immigration Document showing that the holder is allowed to stay in the UK and do the type of work in question, for the duration of the period of work.
4. A residence permit, registration certificate or other document issued by the Home Office or the UKBA to a national from an EEA country or Switzerland indicating that the individual has permanent residence
5. A permanent residence card issued by the Home Office or the UKBA to a family member of a national from an EEA country or Switzerland, or a residence card eligible for the period of work.
6. A passport or other travel document endorsed to show that the holder can stay indefinitely in the UK, has the right of abode in the UK or has no time limit on their stay.
7. A Bio-metric Immigration document issued by the UKBA indicating that the individual is allowed to stay indefinitely in the UK or has no time limit on their stay.

Or two documents required as evidence of eligibility

Checked (2 docs)

1. A document giving the holder's permanent National Insurance Number and name. This could be a P45, P60, National Insurance card, or a letter from a Government agency, **plus one of the following:**
 - 1.1 A full birth certificate/adoption certificate issued in the UK, which includes the names of the holder's (adoptive) parents.
 - 1.2 A birth certificate/adoption certificate issued in the Channel Islands, the Isle of Man or Ireland.
 - 1.3 A certificate of registration or naturalisation stating that the holder is a British citizen.
 - 1.4 A letter issued by the Home Office to the holder which indicates that the person named in it can stay indefinitely in the UK, or has no time limit on their stay.
 - 1.5 An Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay indefinitely in the UK, or has no time limit on their stay.

or

2. An Application Registration Card stating the holder is permitted to take employment AND it has been verified by UKBA Employer Checking Service, or	
3. An Immigration Status Document or letter from the UKBA stating the holder can stay in the UK and undertake this type of work AND a document giving the holder's permanent NI no. and name (form P45, P60, NI card, letter from Govt. agency)	

¹ SOC Codes values:

- 1: Managers 2A: Academic Professionals 2B: Non Academic Professionals
 - 3A: Laboratory, Engineering, IT, Medical Technicians, Nurses
 - 3B: Student Welfare, Careers Advisers, Personnel Officers, Vocational Training Instructors
 - 3C: Artistic, Media, PR, Marketing and Sports Occupations
 - 4A: Library Assistants, Clerks, Admin Assistants 4B: Secretaries, Typists, Receptionists, Telephonists
 - 5: Chefs, Gardeners, Works, Fitters, Printers
 - 6: Caretakers, Residential Wardens, Nursery Nurses, Sports & Leisure Attendants, Care occupations
 - 7: Retail & Customer Service Occupations 8: Drivers, Maintenance Supervisors, Plant Operatives
 - 9: Cleaners, Catering Assistants, Porters, Security Officers, Maintenance Workers
-

Section one To be completed by the employee

Please complete section one and then hand back the form to your present employer.
If you later receive a form P45 from your previous employer, please hand it to your present employer.

Your details Please use capitals

National Insurance number

This is very important in getting your tax and benefits right.

--	--	--	--	--	--	--	--	--	--

Name

Title - enter MR, MRS, MISS, MS or other title

--	--	--	--

Surname or family name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

First or given name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Are you male or female?

Male Female

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Postcode

--	--	--	--	--	--	--	--	--	--	--	--

House or flat number

--	--	--	--	--	--	--	--	--	--

Rest of address including house name or flat name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Your present circumstances

Please read all the following statements carefully and tick **the one** that applies to you.

A - This is my first job since last 6 April and I **have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

OR

B - This is now my only job, but since last 6 April I **have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

OR

C - I have another job or receive a state or occupational pension.

Student Loans

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your student loan, tick box D. *(If you are required to repay your Student Loan through your bank or building society account do **not** tick box D.)*

Signature and date

I can confirm that this information is correct

Signature

--

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section two To be completed by the employer

Guidance on how to complete this form, including what to do if your employee has not entered their National Insurance number on page 1, is in your Employer Helpbook E13 Day to day payroll and at www.hmrc.gov.uk/employers/working_out.htm#part4

Employee's details <small>Please use capitals</small>	
Date employment started	Works/payroll number and Department or branch (if any)
<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Job title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Employer's details <small>Please use capitals</small>	
Employer's PAYE reference	Address
<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode
Employer's name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Building number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rest of address
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/>

Tax code used	
If you do not know the tax code to use or the current tax threshold, please go to www.hmrc.gov.uk/employers/rates_and_limits.htm	
Box A ticked Emergency code on a cumulative basis	<input type="checkbox"/> <input type="checkbox"/>
Box B ticked Emergency code on a non-cumulative Week 1/Month 1 basis	<input type="checkbox"/> <input type="checkbox"/>
Box C ticked Code BR	<input type="checkbox"/> <input type="checkbox"/>
Tax code used	<input type="text"/>

Please send this form to your HM Revenue & Customs office on the first pay day. However, if the employee has ticked box A or box B and their earnings are below the tax threshold, do not send the form until their earnings exceed the tax threshold.