

# AMENDMENT SHEET

Short Code \_\_\_\_\_

Title	Mr / Mrs / Miss / Ms	Forename		Standard Hours						
Male / Female	M / F	Surname		Rate of Pay / Salary						
Start Date		Address 1		Location / Dept						
Leave Date		Address 2		Payment Type	Cash / Cheque / BACS (If BACS, Please Complete Below)					
Date of Birth		Address 3		Sort Code						
Director	Y / N	Postcode		Account Number						
			WORKING DAYS							
			S	M	T	W	T	F	S	<b>Managers Signature</b>
NI Number										
Payroll Number										

<b>P46: Employee without a Form P45</b>	Please read all the following statements carefully and tick <b>the one</b> that applies to you.	
	<b>A</b> – This is my first job since last 6 April and <b>I have not</b> been receiving taxable Jobseeker’s Allowance or taxable Incapacity Benefit or a state or occupational pension.	A <input type="checkbox"/>
	<b>B</b> – This is now my only job, but since last 6 April I <b>have</b> had another job, or have received taxable Jobseeker’s Allowance or Incapacity Benefit. I do not receive a state or occupational pension.	B <input type="checkbox"/>
	<b>C</b> – I have another job or receive a state or occupational pension.	C <input type="checkbox"/>

<b>Student Loans</b>	
If you have 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 <b>not</b> tick box D.)	D <input type="checkbox"/>

<b>Signature and date</b>	
I can confirm that this information is correct	
Employee Signature	

OFFICE USE ONLY: INPUT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

