

# STAFF REGISTRATION FORM (SRF) - PAYROLL DETAILS

Employee Number

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## 1. EMPLOYEE DETAILS

Surname: ..... Division: ..... Department: .....

Title (Dr, Ms etc.): ..... Initials: ..... Forename(s): .....

Preferred Name: ..... Gender: M ☐ / F ☐ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y

Oxford Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(i.e. continuous service date) D D M M Y Y Y Y

NI No. 

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Home Address: .....

If transferring from another department please state which .....

Pay Advice address .....

## 2. APPOINTMENT DETAILS

Appointment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y LNS number: .....

Grade and Stage: ..... Salary: £ .....

FT/PT if PT No. of Hours per week: ..... Periodic Working: .....

Date Next Increment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y

**3. PENSION DETAILS** Pension opt-out form attached: YES ☐ NO ☐ ..... (for office use only)

Last date of membership of **NHSPS / OSPS / USS** \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y SCHEME: ..... REF NO: .....

## 4. FUNDING DETAILS

Cost Centre or Project Code	Activity or Task	Source of Funds or Award	% Split	Funding End Date
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

## 5. BANK DETAILS

Bank/building society name: ..... Sort Code: 

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Account Number: 

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 Building Society Personal Ref/Acc No: .....

## 6. TAX DETAILS

P45 Tax Form: attached/to follow  
 If no P45 please indicate: 1. School leaver 2. With other employment 3. Main employment 4. Student 5. Coming from abroad  
 TAX FORM P46 ATTACHED: YES ☐ NO ☐ TAX CODE USED: ..... (for office use only)

## 7. DETAILS OF PERMANENT PAY ELEMENTS

## 8. RECRUITMENT PROTOCOL APPROVAL

Should this post have a protocol number? YES ☐ NO ☐ If yes, protocol number: .....  
 Attach documentation showing signature of the chair (or equivalent) of approving body

**By signing below, I am confirming that the details contained in all three forms are correct.**

**EMPLOYEE SIGNATURE:**..... **DATE:** .....

**Name in block capitals**

**HOD/ADMINISTRATOR:**..... **SIGNATURE:** .....

(For departmental appointments)

**DATE:** .....