

## RETURN TO WECIL

### PA Starter Form page 1 (Employer complete this page- Block capitals)

To enable wage payment, you and your PA must complete both side of this form.

WECIL Ref No:	
Employer's Name:	
PA's Name:	
Date Employment Starts:	

### Details of Employment

	Days	Nights	Total				
Contracted Hours:							
	Weekday	Weekend	Overnight	Bank Holiday	Other		
Rates of pay:	£	£	£	£	£		
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Regular working days (tick):							

#### Annual Leave entitlement

Check GOV.uk or contact Payroll for advice on annual leave.

### Employer's signature

I (the employer) confirm that the above is truthful and correct. I have been advised of the statutory minimum requirements relating to pay, working hours and holiday allowance.

Employer's Name:	Signature:	Date:

**RETURN TO WECIL**

**PA Starter Form Page 2 (PA complete this page – Block capitals)**

Before you can be paid, you and your employer will need to complete all the questions on this form.

**PA's Name and personal details**

(As on birth/marriage certificate or Deed Poll)

Title:	
First and second Forenames:	
Last Name:	
Date of Birth:	
National Insurance no:	

**PA's Address and contract details**

Full Address:	
Home tel No:	
Mobile No:	
Email address:	

**PA's signature**

I (the PA) confirm that the above is truthful and correct. That I do not have a linking letter from the Job Centre Plus or the Department of Work and Pensions regarding incapacity benefit or statutory sick pay.

PA Name:	Signature:	Date:

For help completing this form, contact the Allocated WECIL advisor, or Direct Payment Support Line on: 01179479933 or email [dpsupport@wecil.org.uk](mailto:dpsupport@wecil.org.uk)