

Confidential

Colaiste Phadraig, Ma Nuad
St Patrick's College, Maynooth, Co. Kildare
PERSONNEL FORM

Section A (to be completed by all new staff)

Name: Sex:
Current Address:
.....
Home Address (if different from above):
.....
P.P.S. No. (P.R.S.I. No.):
Date of Birth: Marital Status:
Nationality: Telephone No:
Mobile No: E-Mail:
Department:
Position Held:
Date of commencement:
Name of Bank (for receipt of salary):
Account No: Sort Code:
BIC: IBAN:
Branch:
Previous Employer:
Usual Signature:

Note: This form must be fully and correctly completed in order to ensure that salary payment is made.

Section B (to be completed by Employer)

Salary payable:..... Tax Table:.....
Grade:..... T.F.A.....
P45.....

STAFF CATEGORY

Permanent Full-Time:
Non-Permanent Substitute
Occasional Staff:.....
Lecturer:
Other (please specify):.....
Date of cessation of employment:.....