

Merri Creek Management Committee Inc

Employee Record(Supervisors Access Only)

SURNAME

GIVEN NAMES

PREFERRED NAME

ADDRESS

STREET NAME &NO:.....

SUBURB:.....POSTCODE:.....

TELEPHONE NO:.....MOBILE:.....FAX:.....

MOTOR VEHICLE LICENCE DETAILS

LICENCE NO:.....EXPIRY DATE:.....

TYPE (eg AUTO/MANUAL).....CONDITIONS OF LICENCE.....

CONFIDENTIAL

BANKING DETAILS

ACCOUNT 1

BSB:.....ACCOUNT NO:.....ACCOUNT NAME:.....

ACCOUNT 2(If split - amount required)

BSB:.....ACCOUNT NO:.....ACCOUNT NAME:.....AMOUNT \$.....

MEDICAL

BLOOD GROUP TYPE:.....

KNOWN ALLERGIES:.....

FAMILY DOCTOR:.....TELEPHONE NO:.....

EMERGENCY CONTACTS

1. NAME:.....RELATIONSHIP:.....

ADDRESS:.....

TELEPHONE (HOME).....TELEPHONE (WORK).....

2. NAME:.....RELATIONSHIP:.....

ADDRESS:.....

TELEPHONE (HOME).....TELEPHONE (WORK).....

Signed.....**Dated**.....

Note: If any of these details change please advise the Payroll Officer immediately.