INTERVIEW AND DATA CAPTURE

HR Document

Prepared for:

1. **EMPLOYEE DETAILS**

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| --- | --- |
| **Employee Name** |  |
| **Date of Birth** |  |
| **Residential Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Position Employed For** |  |
| **TFN (If applicable)** |  |
| **Superannuation Details (Fund name and Membership number)** |  |

1. **EMPLOYEE ADDITIONAL INFORMATION**

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| [*i.e. Employee wishes to request a change in their work hours on Thursdays…]* |

1. **EMPLOYER DETAILS**

|  |  |
| --- | --- |
| **Entity Name** |  |
| **ABN/ACN** |  |
| **Entity Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Director/s** |  |
| **Contact Person** |  |

1. **EMPLOYEE ADDITIONAL INFORMATION**

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| [*i.e. Employer wishes to approve employee request to change in their work hours on Thursdays…]* |

1. **INDIVIDUAL CONTRACTOR DETAILS**

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| --- | --- |
| **Contractor Name** |  |
| **Date of Birth** |  |
| **Residential Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Position Employed For** |  |
| **TFN (If applicable)** |  |
| **Superannuation Details (Fund name and Membership number)** |  |

1. **CONTRACTOR ADDITIONAL INFORMATION**

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| [*i.e. Employee wishes to request a change in their work hours on Thursdays…]* |

1. **COMPANY CONTRACTOR DETAILS**

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| **Entity Name** |  |
| **ABN/ACN** |  |
| **Entity Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Director/s** |  |
| **Contact Person** |  |

1. **CONTRACTOR ADDITIONAL INFORMATION**

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| [*i.e. Employer wishes to approve employee request to change in their work hours on Thursdays…]* |