**Employee Instructions:** Please complete part A and B and return to your manager.

**Manager:** Please ensure parts A, B & C have been completed fully and then pass to payroll to complete part D only. Please ensure form is an original and not a photocopy.

**Part A – Employee/Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** |  | **Surname** |  |
| **Start Date**  |  | **Employee****Number**  |  | **NI No** |  |
| **Address** |  |

**Part B – Employee/Applicant Mandate**

|  |
| --- |
| Please indicate which type of fee is payable:  |
| * PVG membership (£59)
 | 🞎 |
|  |  |
| * PVG Update (£18)
 | 🞎 |
|  |  |
| * Basic/Standard/Enhanced Disclosure (£25)
 | 🞎 |
| I hereby authorise the Payroll Manager, Falkirk Council to deduct the above amount from my salary to cover the cost of Disclosure/PVG fees. I also authorise any outstanding monies to be deducted from my final pay should I leave Falkirk Council before the balance is paid in full. |
| Please choose from one of the following options:  |
|  |
| * One payment
 | 🞎 |
|  |
| * Equal monthly / weekly payments over 6 months
 | 🞎 |
|  |  |
| * Equal monthly / weekly payments over 2 years \*
 | 🞎 |
| \* Casual Workers and Modern Apprentices can extend repayment over a 2 year period. In exceptional circumstances, this arrangement can be extended to employees other than Casual Workers and Modern Apprentices. |
| Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part C – To be completed by the service only**

|  |
| --- |
| Please tick one of the following to indicate the cost centre used (this **must** be same code as the one the invoice has been coded to): |
| Education (204000-1404)  | 🞎 | Catering (603001 4925)  | 🞎 |
| Social Work (301001 1404) | 🞎 | Governance (761001 4150) | 🞎 |
| Development (401001 1404)  | 🞎 | Housing (102012 1404)  | 🞎 |
| Finance (786001 4150) | 🞎 |  |  |
| Cleaning (604001 4925) | 🞎 |  |  |

**Part D – To be completed by payroll only**

|  |
| --- |
| First Payment Date (first available pay run): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Final Payment Date, *if applicable*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |