|  |  |
| --- | --- |
| Employee Name: |  |
| Employment start date:: |  |
| Department: |  |
| Job Title: |  |
| Payroll Number: |  |
| Number of Days/ Hours required  (Hours for Part Time employees only) |  |
| Yearly Cost (Gross) |  |
| Monthly Cost (Gross over ten months) |  |

Please note the deductions will be repaid in **Ten** equal instalments starting in **June 2018**. These will be taken directly from your gross salary.

I agree that in the event that my employment with the company is terminated for any reason and by either party, I will need to repay the company any outstanding amounts.

**Signature**

Employee …………………………………………………………………………………………………

**Approval**

Manager’s Name: …………………………………………………………………………………………

Manager’s Signature: …………………………………………………………………………………….

Date: …………………………………………………………………………………….

**\*Please scan and send authorised form to** [**viapathpayroll@viapath.co.uk**](mailto:viapathpayroll@viapath.co.uk)If you have any questions or require further clarity please contact the Payroll team to discuss - Tel: 0207 188 2500 Ext.54103