|  |  |
| --- | --- |
| 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**If you have any questions or require further clarity please contact the Payroll team to discuss - Tel: 0207 188 2500 Ext.54103