

New School Transfer Information Sheet

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| Name of School: |  |
| Confirmation of transfer date: |  |
| Number of employees: |  |

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| School Contact Details for Payroll |
| Name: |  |
| Email: |  |
| Telephone no: |  |
| Day of the month the school usually gets paid: |  |
| Are there any exceptions to this e.g. July/December: |  |

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| Banking Details |
| Who does the school bank with: |  |
| Sort code (6 Digits): |  |
| Account number (8 Digits): |  |
| BACS user number (6 digits): |  |
| If the school does not have a BACS user number, one will need to be applied for ASAP. The BACStelIP application form can be obtained from your bank.Please note a BACS user number can take up to 8 weeks to obtain and is required in order to process the salaries and payments. The BACS user number will need to be linked to EPM’s bureau number B30275 and an online tutorial from BACS will need to be completed before the BACS link will be live to process your payroll payments. |

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| Existing Payroll Provider Details Please confirm who your current payroll providers are: |
| Local Authority (please specify which LA): |  |
| In-house: |  |
| Other (please specify): |  |
| It may be possible for us to contact your current providers directly to obtain the payroll data for the transfer if you have arranged this with them after serving notice for your current provision. If you would like us to, please provide contact details below. Please note that your current provider may not be willing to supply this information to us directly: |
| Name: |  |
| Telephone no: |  |
| Email: |  |

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| Tax DetailsPlease supply the following Information for the PAYE reference that your school currently uses: |
| Tax district (3 digits): |  |
| Tax reference: |  |
| Is the PAYE reference unique for your school?  | Yes |[ ]  No |[ ]
| If this reference is unique to your school and it will be applicable for EPM payroll, please also confirm: |
| IR paying in number: |

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| If the school’s reference is not unique, EPM will obtain one for you. If the school is converting to an academy, EPM can obtain the new reference for you but will need confirmation of the following: |
| Companies house number: |  |
| Name of a Director listed at the company: |  |
| NI number of Director listed above: |  |
| Is the Apprenticeship Levy payable? | Yes |[ ]  No |[ ]
| Is there any Apprenticeship Levy Allowance assigned to you by your employer?  | Yes |[ ]  No |[ ]
| If yes, please state (maximum £15,000 allowance per annum): |  |
| If we are continuing with your existing PAYE reference, please confirm the Apprenticeship Levy amount you have paid year to date: |  |
| Are you eligible to claim the £3000 Employment Allowance? | Yes |[ ]  No |[ ]
| If yes, please confirm if it is to be claimed on the first month of transfer to EPM payroll? | Yes |[ ]  No |[ ]

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| Pensions |
| Staging date for auto enrolment: |  |
| Decision to: | Enrol |[ ]  Defer |[ ]  Postpone |[ ]
| Re-enrolment date: |  |
| Additional schemes to be aware of (NEST/The People’s Pension): |  |

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| Bank details for pension funds |
|  | *Example* | Pension scheme 1 | Pension scheme 2 | Pension scheme 3 | Pension scheme 4  |
| Name of pension scheme | *LGPS* |  |  |  |  |
| Sort code | *00-00-00* |  |  |  |  |
| Bank account | *00000000* |  |  |  |  |
| Reference  | *School name or specific payment reference* |  |  |  |  |
| Data payable  | *1st of the following month* |  |  |  |  |

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| Local Government Pension Scheme (LGPS) Please supply LGPS contact details: |
| Name: |  |
| Telephone no: |  |
| Email: |  |
| LGPS employer pension contribution rate: | % |
| Any LGPS monthly deficit amount: |  |
| LGPS pension scheme fund’ (e.g. NEST/ LGSS/ West Yorkshire): |  |
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| Third Party Payment Schemes |
| Does the school offer childcare vouchers to employees?  | Yes |[ ]  No |[ ]
| If so, the school will need to ensure they are registered as an independent employer to provide childcare vouchers to employees. |

Please add any further information that EPM Payroll will need to be aware of to support with the setup and transfer (e.g. any regular pay variances required to be available):

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| Please sign the section below to confirm that the details supplied are correct: |
| Signed by: |  |
| Designation: |  |
| Print full name: |  |
| Date signed: |  |