**(Effective July 2023)**

**Notice of Employee Appointment (NOA)**

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| **Name of Agency** | | | | | | |  | | | | | | |
| **EMPLOYEE DETAILS** | | | | | | | | | | | | | |
| **Last Name** *(from passport or birth certificate)* | | | | | | |  | | | | | | |
| **First Name/s** *(from passport or birth certificate)* | | | | | | |  | | | | | | |
| Passport or Birth cert. number or Drivers Licence | | | | | | |  | | | | | | |
| Home address | | | | | | |  | | | | | | |
| Personal Email address | | | | | | |  | | | | | | |
| Emergency contact person  *Relationship, home phone, mobile phone* | | | | | | |  | | | | | | |
| Personal tax number ***(RMD# number)*** | | | | | | |  | | | | | | |
| **EMPLOYMENT TERM** (status) | | | | | | | | | | | | | |
|  | **PERMANENT** –An appointment with no fixed end date (*can be full time or part time*) | | | | | | | | | | | | |
|  | **FIXED TERM**  - An appointment with a defined start and end date (*can be full time or part time*) | | | | | | | | | | | | |
|  | **S31 – FIXED TERM –** Technical Expert with a defined start and end date *(can be full time or part time)* | | | | | | | | | | | | |
|  | **CASUAL** - works irregular and intermittent hours, on an hourly pay rate | | | | | | | | | | | | |
| **EMPLOYMENT TYPE** (hours of work) | | | | | | | | | | | | | |
| **FULL TIME** – Permanent or Fixed Term full time salaried (*works a minimum of 35 hours per week*) | | | | | | | | **PART TIME** - Part time salaried (*works <35 hours per week with regular hours of work*) | | | | | |
| **POSITION APPOINTMENT DETAILS** | | | | | | | | | | | | | |
| **Position Title** | |  | | | **Division/Dept/Sub-Dept** | | | | | |  | | |
| **Work Area Position Code:** *(Office Use Only – OPSC)* | | | | | | |  | | | | | | |
| **Position is on the approved Organisation structure?** | | | | | Yes No | | | | | | | | |
| **Line Manager Position Title** *(reporting line)* | | | | | |  | | | | | | | |
| **Location of Position** (Island) | | | | | |  | | | | | | | |
| **Effective Date of Appointment** | | | | |  | | | | | | | | |
| **Planned Expiry Date** (*for fixed term appointment)* | | | | |  | | | | | | | | |
| **REMUNERATION** | | | | | | | | | | | | | |
| **Hours worked per week** | | | | | | |  | | | | | | |
| **Job (Position)**  **Band /Step** | | |  | | | | **Job Statement date:** | | |  | | | |
| **Annual Base Salary** | | | | | | | | | | | |  | |
| **Market Premium** (where applicable) | | | | | | | | | | | |  | |
| **Total Remuneration** *(Annual Base Salary + Market Premium if applicable)* | | | | | | | | | | | |  | |
| **Hourly Rate of Pay** | | | | | | | | | | | |  | |
| **Allowances:** *(please tick applicable boxes)* | | | | | | | | | | | |  | |
| Higher Duties Allowance | | | | | | | | | | | |  | |
| Accommodation/Housing allowance | | | | | | | | | | | |  | |
| Relocation allowance | | | | | | | | | | | |  | |
| Management allowance | | | | | | | | | | | |  | |
| Additional Responsibilities Allowance | | | | | | | | | | | |  | |
| Transport Allowance | | | | | | | | | | | |  | |
| Other allowances (specify) | | | | | | | | | | | |  | |
| **Employer Superannuation** | | | | | | | | | | | |  | |
| **Total Gross Annual Salary** | | | | | | | | | | | |  | |
| **Funding** *(please tick a box)* | | | | Donor Fund | | | | |  | | | | |
| Govt | | | | |  | | | | |
| Govt/Donor | | | | | % | | | | % |
| **Position Appropriated?** *(Office Use Only - Payroll)* | | | | | **Yes No** | | | | | | | | |

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| **LEAVE ENTITLEMENTS** | | |
| **Leave Entitlement (Hours)** | Annual Leave |  |
| Sick Leave |  |
| Other leave |  |

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| **SUPERANNUATION** | |
| Cook Islands National Superannuation Fund (CINSF) | Yes No |
| NZ Government Superannuation Fund (GSF) | Yes No |
| **CINSF Act Section 37: Exclusions from liability to contribute to the Fund** | |
| Please tick one (01) of the applicable boxes and ensure relevant supporting documents are attached: | |
| 1. The employee is 60 years+ Not mandatory, can elect to contribute |  |
| 1. The employee is the age 55 years+ Can elect not to contribute |  |
| 1. The employee is 18 years+ This is mandatory |  |

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| **WORK STATUS** | |
| Cook Islands Maori | Yes No |
| Permanent Resident (PR certificate) | Yes No |
| Expatriate (Work permit details) | Yes No |
| If expatriate, has Public Service Commissioner been consulted? | Yes No |

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| **Comments:** |

**REQUIRED DOCUMENTS (attached)**

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| **Attached** | **Tick** |
| Form ID (any one of the following):   * Copy of valid passport photo page |  |
| * Copy of permanent resident page |  |
| * Copy of work permit details from passport (for Non-Cook Islanders) |  |
| * If no passport, copy of birth certificate or Driver’s Licence (*Cook Islanders only*) |  |
| Copy of signed employment agreement and letter of offer |  |
| CINSF either completed Registration form ***or*** Confirmation of Membership |  |
| Revenue Management Division (RMD) number confirmation |  |
| Payroll Advice – Bank Details |  |
| Copy of Curriculum Vitae |  |
| Time Sheets (e.g. teacher relievers) |  |

**Authorised Signatories**

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| --- | --- | --- |
| **Head of Agency name** | **Signature** | **Date** |

***Internal Use ONLY:***

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| --- | --- | --- | --- |
|  | **Name** | **Signature/date** | **Tick** |
| OPSC – Loaded to PG - HR |  |  |  |
| MFEM – Loaded to PG - Payroll |  |  |  |

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| PAYROLL ADVICE – BANK DETAILS ***(to be Completed by Employee)*** | | | | | | |
| Full Name | |  | | | | |
| RMD Number | |  | | | | |
| Primary Bank Name | |  | | | | |
| Bank Account Number | |  | | | | |
| **Deduction listing/Deduction adjustment** | | | | | | |
| Bank Name/  Bill Name | Account Number/  Bill Reference | | Amount | Add/Cease/  Change | Recurring/one off | Effective  Pay Date |
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| **Authorised**  **Signature**  **Date** |  | | | | | |

**Guidance notes on Deduction terms**

**Deduction authorisation forms are to be used for establishing/amending an employee deductions on the Cook Islands Government HR and payroll system**

**Line Manager Position Title:**

The Manager/Supervisor for this position as shown on the Agency approved Organisational Structure.

All employees must sign below the deduction form, after it has been completed.

**Deduction terms:**

* **ADD**
* Is used when an employee would like to add on an amount to an existing deduction
* **CEASE**
* Is when an employee requests to stop deductions permantely/temporarily for a certain period
* **CHANGE**
* Is when an employee decides to make an adjustment to an existing deduction
* The employee can either increase or decrease existing deduction
* **RECURRING**
* An on-going or regular / fortnightly payment method
* **ONE-OFF**
* An one- off payment for a particular period
* **EFFECTIVE DATE**
* The date when the deduction should be actioned

1. All employees must be included on the agency’s approved organisational structure
2. All employees must be paid salaries and allowances according to the Remuneration policy approved by Cabinet for the Public Service.
3. All employers must deduct PAYE tax on behalf of employees
4. A Notice of Appointment form must NOT be used forindependent contractors or self employed individuals or consultants, as they are service providers – NOT employees of the Public Service