



RMO Information Checklist Form for Auckland Metro Region

Personal Details			
First Name		Last Name	
Preferred Name		Position (Reg/HO)	
Email Address		Home Address	
Mobile			
Home Phone			
Employee Number		Indemnity Insurance	
Bank Details			
To change your Bank Account please attached a Bank Deposit Slip or RMO Direct Credit & Bank Deductions Authority form			
Bank Account Name			
Bank Account No.			
Employee Superannuation/Kiwi saver Scheme			
To change your Scheme and/or Employee Contribution, please attach a completed RMO Authorisation Form or KS2			
Kiwi saver Scheme		Super Scheme	
Membership No.		Membership No.	
Contribution		Contribution	
Other Deductions			
Deduction 1		Deduction 2	
Account		Account	
Amount (\$)		Amount (\$)	
Emergency Contacts			
Full Name		Contact Address	
Relationship			
Mobile			
Instructions for Leave Transfer or Pay-out (Not applicable for New or Returning Employees to the Region)			
Form must be returned by due date or default Terms and Conditions will apply			
<input type="checkbox"/>	I would like my annual leave paid out		
<input type="checkbox"/>	I would like up to 240 hours of annual leave transferred to my new DHB		
<input type="checkbox"/>	I am not changing DHB's and my leave will remain, if I change at short notice, please action below		
		<input type="checkbox"/>	I would like my annual leave paid out
		<input type="checkbox"/>	I would like up to 240 hours transferred
RMO Signature		Date	
Please note that you must return a signed copy of this form, even if no changes are required. Payroll may not be able to process your pay until you have verified that your details are correct			