

Change to Employment Details Form
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Please complete this form and forward to the payroll team >> as soon as possible and by << state >> day of month >>.

Name:	Number:	
Changes Required	From	To
Job title		
Salary		
Pay frequency (weekly, Monthly)		
Hours increased/reduced		
Employment type (Perm/Temp/Part)		
Benefit Change (Please state)		
Permanent change	Effective:	
Temporary change	Effective (from/to):	

Maternity, Paternity and Parental Leave	Date	Return Date
Maternity (attach MATB1)		
Paternity		
Shared Parental Leave		
Parental Leave		

Change of name, address or telephone number	
Additional information	
Completed by	Date
Authorised by	Date

# S A M P L E