

URGENT CARE 24

CHANGES TO EMPLOYEE DETAILS

Part 2

EMPLOYEE NO		DATE OF CHANGE OF DETAILS	
DEPARTMENTAL NUMBER		LEAVERS DATE	
SURNAME		FORENAME	
PREVIOUS NAME – If different		DATE OF BIRTH	
PHONE NUMBER - If different		MOBILE NUMBER – If different	
E-MAIL ADDRESS - If different			
OLD SALARY		NEW SALARY	
OLD HOURS (SUBSTANTIVE)		NEW HOURS	
OLD LOCATION		NEW LOCATION	
OLD JOB TITLE		NEW JOB TITLE	
OLD DETAILS OF ADDRESS or BANK DETAILS Name: Address: Sort Code: Account Number:		NEW DETAILS ADDRESS/ BANK DETAILS or REASONS FOR CHANGE Name: Address: Sort Code: Account Number: Confirmed Signature:	
Additional Notes:			
ADMIN USE ONLY			
Actioned by Finance			
Actioned by Personnel			
Actioned by Debby Farrell (address only)			
Entered onto staff database			

Mandatory Parts to fill in are indicated by red stars.



If Changing Name, Phone number(s) or email please fill in the relevant section and confirm change type in new details box.



I.e. New Mobile number and then sign next to signature section.

If changing

- bank details
- or address

Please fill in the new details section and again sign to confirm.

It is not necessary to complete the OLD details Section, but you can do so if you wish.

N.B this form is also used as a Leavers form by HR and to update staff Pay which is why some sections are not applicable to staff.

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OLD DETAILS OF ADDRESS or BANK DETAILS	Name:		NEW DETAILS ADDRESS/ BANK DETAILS or REASONS FOR CHANGE	Name:	
	Address:			Address:	
	Sort Code:			Sort Code:	
	Account Number:			Account Number:	
Additional Notes:					
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