

PAYROLL CHANGES FORM



Employee Details

Surname:	
First Name(s):	
Title:	
Payroll Number:	
National Insurance No:	
Parish/Agency Name & Location:	
Line Manager:	
Effective Date:	
Reason for Change (please go to appropriate section below):	

Change of Personal Details

New Surname (please provide copy of appropriate certification eg marriage certificate):	
New Title:	
New Address:	
New Post Code:	
New telephone Number:	
New Email Address:	
New Next of Kin Contact Name:	
New Next of Kin Contact Details:	
New Next of Kin Relationship:	

Change of Bank Details

New Bank Name:	
New Bank Sort Code:	
New Bank Account Name:	
New Bank Account Number:	

Change of Employment Details

New Annual Salary: (If salary increase is over 20%, the finance office will be in contact)	
New Hours of Work:	
New Days of Work:	
New Job Title:	
New Location:	
New salary sacrifice (please provide full details below):	
New Employee Pension Contributions:	
New Employer Pension Contributions:	
Other (please provide full details below):	

Salary Sacrifice – please provide details of the scheme and monthly sacrificed amount. Please also attach the employee authorisation form obtainable from the scheme provider.

Other Changes – please provide details of any other change to be implemented.

Employee Signature

I confirm that the information I have provided is accurate:

Signed: **Date:**

Name in Full:

Employer Signature

I authorise payroll to set up this employee on the payroll and pay them, as detailed above.

Signed: **Date:**

Name in Full: