

CHANGE OF EMPLOYMENT CIRCUMSTANCES ON BEHALF OF THE CCGs IN NORTH AND EAST LONDON



PERSONAL DETAILS CHANGE FORM

Employee: complete sections 1 and 2 plus section 3, 4, 5, 6 or 7 as appropriate, for bank detail changes – please contact Payroll Services directly.

HR: Action sections 2, 3 and 5 as appropriate then send to Payroll, copied to Finance.

Payroll: Action section 6 as appropriate.

Section 1 Type of Change

- | | | | |
|--------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Name (see section 3) | <input type="checkbox"/> | Address (see section 4) | <input type="checkbox"/> |
| Emergency Contact (see section 5) | <input type="checkbox"/> | Disability Status (see section 6) | <input type="checkbox"/> |
| Bank Account details (see section 7) | <input type="checkbox"/> | | |

Please complete section 2 and any other relevant sections

Section 2 Employee Current Details

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Assignment No.:	<input type="text"/>	<i>This can be found on your payslip</i>	
Contact phone no.:	<input type="text"/>		
Manager's Name:	<input type="text"/>		
CCG:	<input type="text"/>		

Section 3 Name Change

In order to change your name you will need to show relevant proof (not a photocopy) to an HR administrator. This can be done by providing HR with the original document with this form.

New Surname:	<input type="text"/>	New Forename(s):	<input type="text"/>
New Marital Status:	<input type="text" value="Please select"/>		
Effective Date of Change:	<input type="text"/>		

Section 4 Address Details Change

New Address Line 1:	<input type="text"/>		
New Address Line 2:	<input type="text"/>		
New Address Line 3:	<input type="text"/>		
New Town:	<input type="text"/>		
New County:	<input type="text"/>		
New Postcode:	<input type="text"/>		
New Phone Number:	<input type="text"/>	New Mobile Number:	<input type="text"/>
Effective Date of Change:	<input type="text"/>		

Section 5 Emergency Contact Details Change

New Contact Surname:	<input type="text"/>	New Contact Forename:	<input type="text"/>
Relationship:	<input type="text"/>		
New Address Line 1:	<input type="text"/>		
New Address Line 2:	<input type="text"/>		
New Address Line 3:	<input type="text"/>		
New Town:	<input type="text"/>		
New County:	<input type="text"/>		
New Postcode:	<input type="text"/>		

New Phone Number: New Mobile Number:

Effective Date of Change:

Section 6 Disability Status Change

Do you consider yourself disabled (Y/N)?

If yes, please select disability category:

Effective Date of Change:

Section 7 Bank Account Details Change

In order to change your bank account details, please use the tear off slip on your payslip and forward directly to Payroll. Refer to the contact details as the foot of this page for your Payroll Provider.

Section 8 Employee Signature

Signature _____ Date:

Section 9 Actions

Actioned in HR (print name): _____ Date: _____

Actioned in HR (signature): _____

Actioned in Payroll (print name): _____ Date: _____

Actioned in Payroll (signature): _____

Payroll Contact:

Whittington Health Services:

Whittington Health Payroll Shared Service
Whittington Hospital
Magdala Avenue
London
N19 5NF