

## EMPLOYEE DETAILS

**PLEASE COMPLETE THIS SECTION IN FULL (Compulsory)**

* Surname:	<input type="text"/>	* Other Names:	<input type="text"/>
* Department/Ward:	<input type="text"/>	* Employee No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* Campus:	<input type="text"/>	* Contact No:	<input type="text"/>
* Cost Centre:	<input type="text"/>	* Date:	<input type="text"/>
* Signature:	<input type="text"/>		

 PERSONAL CONTACT DETAILS

Address: No. and Street:	<input type="text"/>		
Suburb / Town:	<input type="text"/>	Postcode:	<input type="text"/>
Phones: Home:	( ) <input type="text"/>	Mobile:	<input type="text"/>

 NAME CHANGE

New Surname:	<input type="text"/>	Other Names:	<input type="text"/>
Compulsory documents to be attached: (If not attached form will be returned)		<input type="checkbox"/> Marriage Certificate	
		<input type="checkbox"/> Change of Name Certificate	

 EMERGENCY CONTACT DETAILS

Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
No. and Street:	<input type="text"/>		
Suburb / Town:	<input type="text"/>	Postcode:	<input type="text"/>
Phones: Home:	( ) <input type="text"/>	Mobile:	<input type="text"/>

This form is for the purposes of instructing Payroll Services to update your personal details. Once completed, please send this form to [NHPayrollData@nh.org.au](mailto:NHPayrollData@nh.org.au) for processing.

**PLEASE PRINT CLEARLY.**

Note: Complete all sections marked \* or form will be returned.