

Document in translation



NOTIFICATION OF CHANGES IN PERSONAL INFORMATION

This form should be completed by the employee. It will be sent by the personnel assistant to the Personnel Department in the Division for Human Resources

From : _____
First Name Last Name ID number Unit

Details of change:

1. New name:	First Name	Last Name	Date of change			
2. Marriage (Partner's details):	First Name	Last Name	ID number	Date of Birth	Date of Marriage	
3. Partner's employment:	<input type="radio"/> Partner is employed or is receiving an NII allowance From date: ____ / ____ / ____		<input type="radio"/> Partner is not employed and is not receiving an allowance From date: ____ / ____ / ____			
	Partner's workplace (specify name and address)			Phone number at partner's place of employment		
4. Birth of son/daughter:	Your child's name	ID Number	Sex _Male _Female	Date of Birth		
5. Address:	City/Settlement	Neighborhood	Street	House number	Apt.	Postal Code
You must attach form 109 (Application for Approval of Travel Allowance) if there is a change in the rate						
6. Phone:	Home Phone Number (including area code)			Mobile Phone		
7. Bank:	Bank Name	Address		Branch Number	Account Number	

8. Degree/ Diploma :	Degree / diploma details	Date on which you became eligible for degree /certificate (certificate must be attached)		
9. Other family member(s) to be notified in case of emergency	Name	Relationship	Address	Phone number
10. Divorce:	Date	The children live with me: ___ No__ Yes (please attach a document confirming this)		
11. Relatives affiliated with the University:	Name	Unit	Relationship	
As per Management Directive 05-018 , “relatives” are defined as: parents and children, spouses (including common-law spouses), brother and sister, brother-in-law and sister-in-law, father of the groom or bride, mother of the groom or bride , mother-in-law, father-in-law, niece, nephew, aunt and uncle, cousin, grandparents, grandson and granddaughter, as well as “exceptional” relatives with the degree of relationship similar to one of the relatives mentioned above.				
12. Partner’s death:	Date			
13. <u>HMO</u> :	Name of Health Fund			
14. Email address:				

Important!
If you have reported a change in personal information in sections 1, 2, 4, 5, 10 or 12, please attach a photocopy of your identity card.

<u>Disclaimer</u>	
<ul style="list-style-type: none"> • I hereby declare that all of the details that I provided in this form are correct and I undertake to notify the University in writing of any change in personal details within two weeks from the date of the change. • I am aware that omission or providing false information is a disciplinary offense. 	
_____ Date	_____ Employee Signature