



PEMBROKE COLLEGE · CAMBRIDGE

ADJUSTMENT TO STAFF DETAILS FORM	
NAME:	
DEPARTMENT:	
<i>Only indicate those details which have changed in white boxes provided</i>	
SURNAME (FORMER):	
SURNAME (NOW):	
FIRST NAME(S):	
TITLE: <i>(specify any change made)</i>	
REASON FOR ADJUSTMENT:	
EFFECTIVE FROM:	
JOB TITLE:	
NEW EXPIRY DATE FOR FIXED TERM CONTRACT <i>(if relevant):</i>	
NEW NUMBER OF WEEKLY HOURS TO BE WORKED <i>(if adjusted):</i>	
NEW LEVEL OF SALARY SCALE/POINT <i>(if adjusted):</i>	
or NEW HOURLY RATE <i>(if adjusted):</i>	
NEW HOME ADDRESS/TELEPHONE NO:	
NEW BANK/BUILDING SOCIETY DETAILS:	
NEW BANK/BUILDING SOCIETY ADDRESS:	
NEW BANK/BUILDING SOCIETY ACCOUNT NO.:	
NEW BANK/BUILDING SOCIETY SORT CODE:	
NAME OF PERSON(S) TO BE CONTACTED IN AN EMERGENCY:	
TELEPHONE NUMBER(S) <i>(state home or work):</i>	
NAME/ADDRESS OF DOCTOR:	
TEL. NO. OF DOCTOR:	
SIGNED EMPLOYEE:	
SIGNED HEAD OF DEPARTMENT:	
DATED	
Office Use: Payroll	HR Manager