

GCVS Change of Details Form

PLEASE NOTE: IT IS THE EMPLOYEE'S RESPONSIBILITY IF CHANGES MUST ALSO TAKE EFFECT ELSEWHERE - SUCH AS WITH PENSION SCHEMES OR HMRC



Glasgow Council for the Voluntary Sector

If you need help completing this form call 0141 332 2444 (option 2)

EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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EMPLOYEE INFORMATION

Employee Name:		GCVS Employee No:	
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DETAILS OF CHANGE: please note the change in the appropriate box(es)

New Name:		Old Name:	
New Address:		Old Address:	
New Salary:		Old Salary:	
New Hours:		Old Hours:	
New Job Title:		Old Job Title:	
Other New Information:		Other Old Information:	
Effective Date:			

I confirm that the above information is true and accurate:

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Forms which are not signed by the employer will not be actioned.

For Office Use Only

Actioned By:		Date:	
Pension amended if in Tycom as Fixed		Period:	
		Checked By:	

