

GCVS Change of Details Form

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



Glasgow
Council
for the
Voluntary
Sector

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:	
Period:		Checked By:	