HR/ PAYROLL CHANGES FORM

Once filled and signed, this form should be returned to rkemunto@uwkenya.org and hr@uwkenya.org no later than 20th of each month.

<table>
<thead>
<tr>
<th>Employee Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name: Staff No.</td>
</tr>
<tr>
<td>Hire Date:</td>
</tr>
<tr>
<td>Contract End Date:</td>
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</tbody>
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Part I Employment Status Changes

This section refers to changes that affect the conditions of employment under the current contract.

Please check the appropriate box for the requested change:

- [ ] Position Title
- [ ] FTE Changes
- [ ] Contract Duration
- [ ] Project / Budget
- [ ] Other

Instructions

Reason for requested change

Effective dates: From…………/………/20…… To………………/………………/20……

Part II Salary and Benefits Changes

This section includes any changes to employee salaries and benefits provided in the contract as guided by the UW-Kenya HR Policies.

Please check the appropriate box for the requested change:

- [ ] Salary increment
- [ ] Benefits Addition
- [ ] Termination
- [ ] Overtime Payment
- [ ] Payroll Deductions
- [ ] Allowances: Please specify______________________________
- [ ] Salary recovery
- [ ] Other: Please specify______________________________
UW GAP-Kenya

Instructions

Reason for requested change

Effective dates: From…………/………………/20…… To………………/………………/20……

Part III Employee Personal Details
This section includes changes to employees’ personal details.

Please check the appropriate box for the requested change:

☐ Change of Contact details  ☐ Change of Beneficiary  ☐ Change of Bank Details
☐ Other

Effective dates: From…………/………………/20…… To………………/………………/20……

Changes requested by

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature</th>
</tr>
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<tbody>
<tr>
<td>Designation:</td>
<td>Date:</td>
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Approved by

<table>
<thead>
<tr>
<th>Name:</th>
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