



UW GAP-Kenya

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.

Employee Name:	
Project Name:	Staff No.
Hire Date:	
Contract End Date:	

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	
Name:	Signature
Designation:	Date:
Approved by	
Name:	Signature:
Designation:	Date: