LA TROBE UNIVERSITY

HUMAN RESOURCES
Employee Services and Recruitment Unit

NON-MONETARY VARIATIONS

Name: School/Area: Staff No.

Faculty:

Change in Name or Title:
(For change in title, please provide a certified copy of your degree certificate or other certified evidence of academic or professional qualification.)

Old name: _____ _____ _____ _____
Last Name First name Middle Name Title

Known as: _____

Old signature: _____

New name: _____ _____ _____ _____
Last Name First name Middle Name Title

Known as: _____

New signature: _____

Change in Bank Account

Bank: _____ Code: ☐☐☐

Branch Location: _____ Code: ☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐

Change in Address:

No/Street: _____

Suburb/Town: _____ Post Code: ☐

Phone (Home: ☐☐☐ ☐☐☐☐☐☐☐☐

Next of Kin: _____

No/Street: _____

Suburb/Town: _____ Post Code: ☐

Phone (Home: ☐☐☐ ☐☐☐☐☐☐☐☐

EMPLOYEE'S AUTHORISATION _____ Date: / /

Human Resources Use Only:

Name Change: Input: ..... / /
Record in Name Change Book:
Update UniSuper System: Checked: ..... / /