

HR005 CASUAL PERSONAL DETAILS VARIATION FORM		
Family name:		Given names:
Employee ID:		School/Area:
Section 1 CHANGE OF PERSONAL DETAILS		
Prefix (please tick) <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr (Please provide original or a certified copy of your academic or professional qualification)		
Previous Family name:		Previous Given names:
Previously Known as:		
New Family name:		New Given names:
Now Known as:		
Section 2 CHANGE OF ADDRESS DETAILS		
Address:		
Suburb:	State:	Postcode:
Telephone number (home):		Telephone number (mobile):
Email address:		
Section 3 CHANGE OF BANK DETAILS		
DECLARATION: I request that any sum due to me from La Trobe University for salary or wages be paid into my bank account as detailed hereunder. <i>Please check these numbers with your financial institution to avoid delays in payments.</i>		
Name of financial institution:		Branch location:
BSB Number: (6 digits: ----- -----)	Account Number: (9 digits max) ----- ----- -----	
Section 4 NEXT OF KIN		
Name:		
Address:		
Suburb:	State:	Postcode:
Telephone number (home):		Telephone number (mobile):
Section 5 EMPLOYEE AUTHORISATION		
Employee Name – please print	Employee Signature	Date
Section 6 PEOPLE AND CULTURE USE ONLY		
Prepared by:		Date: