



To: The Payroll Payment Department

From: \_\_\_\_\_  
Employee name (If changed, enter previous name)

Unit Faculty

I.D NO.	0												
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Control digit

Budget item

**Re: Notice concerning change in personal information**

1. **Change in marital status** (circle as appropriate) (205)

**Spouse details** (219)

Male    Female    From date \_\_\_\_\_

I.D NO.	0												
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Control digit

2. Married

3. Divorced

4. Widow

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse employment status: fill in Section 6 below

2. **Change of name** (552)

New last name: \_\_\_\_\_

New surname: \_\_\_\_\_

Date of change: \_\_\_\_\_

3. **Change of private residence** (218)

Name of town/city: \_\_\_\_\_ Zip code: \_\_\_\_\_

Street and house number: \_\_\_\_\_ Area code: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Note:** In case of a change of residence, a copy of the updated I.D. appendix/lease agreement must be attached.

\* **Updating an email address furthermore**, a change in your travel allowance must be reported (Section 4.)



4. **Request for change in travel allowance following a change of residence** (527)

Line no.	From station	To station	Cost of travel in one direction	Number of weekly trips to the workplace:

Symbol 055

Sum for payment: \_\_\_\_\_

From date: \_\_\_\_\_

5. **Children I had - attach proper certificates (current number of children: \_\_\_\_\_ [219])**

I.D. no.	Date of Birth	First name	Gender
0			
0			

\* **Please specify any changes that occurred in your employment status outside of the university :**

6. **Change in spouse employment status** (220)

Spouse employment →  Employed  Unemployed

No Yes , Please specify: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ End date: \_\_\_\_\_

7. **HMO in which I am a member in** (207) **Name of HMO:** \_\_\_\_\_ **Code of HMO:** \_\_\_\_\_

**Would you like to have member fees deducted from your salary?**  Yes  No

8. **Change of status in Israel and obtaining an Israeli citizenship on:** \_\_\_\_\_ (205) **International code:** \_\_\_\_\_

9. **Employee declaration**

I hereby declare that all the information I have provided above is correct and full.

I hereby declare that no changes have occurred in my personal information specified in this form and in the details of my employment as provided in the last questionnaire I filled in for Tel Aviv university

Date: \_\_\_\_\_

Signature: \_\_\_\_\_