



To: The Payroll Payment Department

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

Unit Faculty \_\_\_\_\_

I.D NO. 0 \_\_\_\_\_

Control digit

Budget item

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## Re: Notice concerning change in personal information

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

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

2. Married

3. Divorced

4. Widow

### 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 (circle as appropriate):**

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

Spouse employment (Mark X as appropriate)  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: \_\_\_\_\_