



STEINHOFF ASIA PACIFIC

Change to Employee Details Form – New Zealand

This form is to be completed by the MANAGER and faxed to New Zealand Support Centre on 09 979 1923, as well as Payroll on 0061 02 9882 9127. Ensure information is completed by THURSDAY PRIOR TO PAY WEEK. This form will NOT be processed unless all fields are completed.

EMPLOYEE NAME: _____ PAYROLL NUMBER: _____
(Office Use Only)

CHANGE REASON: Promotion Transfer Status Change Parental Leave Pay
 Title Change Secondment

Cost Centre: _____

CHANGES TO CURRENT DETAILS: Effective Date: / /

CHANGE TO	CURRENT	NEW
Location		
Department		
Position Title		
Report To Title		
Status (FT/PT/CAS)		

Hours of work per fortnight: _____
Days on which work is to be performed each fortnight:

Week 1: _____

Week 2: _____

SALARY REVIEW: Effective Date: / /

Employee Agreement Type: Kiwisaver (From Sept. 2009 onwards) OR Non-Kiwisaver (Pre Sept. 2009)

Employment type	CURRENT	NEW
Hourly Wage		
Hourly Rate	\$	\$
Kiwi Saver	\$	\$

OR

Salary		
Base Salary	\$	\$
Kiwi Saver	\$	\$

Discretionary Benefits: Company Car – (Value \$ _____) Incentive Fuel Card Blackberry
 Mobile Phone Laptop Car Allowance - (Value \$ _____)

Total Remuneration Package \$ _____

Change to Employee's Name: _____
For all name changes, legal proof is required (and must be attached)

KEY ACCOUNTABILITY STATEMENT ATTACHED (only applicable if role changes): Yes Not Applicable

2 UP APPROVAL: Manager: _____ Sign: _____ Date: _____
Direct Manager: _____ Sign: _____ Date: _____
Regional Area / Operations Manager: _____ Sign: _____ Date: _____
(Freedom stores only)