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2019

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DETAIL CHANGE FORM

Name: _____ Department: _____

Employee No: _____ Effective Date: _____

	CURRENT DETAILS	NEW DETAILS
Effective Date		
Department Code		
Department Name		
Job Code		
Job Description		
Package (2)		
Basic Salary		
Allowance 1		
Allowance 2		
Allowance 3		
Allowance 4		
Allowance 5		

Reason for change:

Additional Information:

REQEUSTED BY (LINE MAN): _____ **DATE:** _____

APPROVED BY (CEO): _____ **DATE:** _____

VERIFIED (HR DIRCTR): _____ **DATE:** _____