

VA-L Trading Ltd  
**Payroll Services  
Amendment Forms**

**Contents**

**Notification of Amendments Forms**

- Deduction Authorisation/Amendments
- Detail Authorisation Amendments
- Personal Details Amendments
- Salary Amendments
- Salary Increases
- Leaver Notification
- Maternity Leave Notification
- Sickness Notification
- Hourly Amendments

Please use the forms in this pack to notify VA-L Payroll of any changes on a monthly basis.

Send forms to:  
VA-L Trading Ltd  
Payroll Services  
34 Lupton Street  
Hunslet  
Leeds  
LS10 2QW

Do not hesitate to contact us with any queries on **0113 297 7929**  
or **[payroll@val.org.uk](mailto:payroll@val.org.uk)**.

**Employee Details**

**P.A.Y.E. Ref:**

Employed By \_\_\_\_\_ Job Title \_\_\_\_\_

Date you started work for above organisation \_\_ / \_\_ / \_\_\_\_

Name: (Forename) \_\_\_\_\_ (Surname) \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Tel. No. \_\_\_\_\_

N.I. No. \_\_\_\_\_ D.O.B. \_\_ / \_\_ / \_\_\_\_ Marital Status \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_ Annual Salary \_\_\_\_\_ Scale P/T \_\_\_\_\_

**Your present circumstances. Enter Yes/No to one of the following**

**A** This is my first job since 6 April and **I have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension. **Yes/No**

**B** This is now my only job, but since 6 April **I have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension. **Yes/No**

**C** I have another job or receive a state or occupational pension. **Yes/No**

**Student Loans**

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you **Yes/No** have not fully repaid your Student Loan. (Does not apply if you are required to pay your Student Loan through your bank or building society account)

**Banking Information**

Your Bank/Building Society name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Your Building Society Reference Number \_\_\_\_\_

Sort Code Number \_\_ - \_\_ - \_\_ (6 Digits) Account Number \_\_\_\_\_ (8 Digits)

I can confirm that this information is correct Account Name \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_ / \_\_ / 20 \_\_

Authorised Signatory \_\_\_\_\_ Date \_\_ / \_\_ / 20 \_\_



## Detail Authorisation Amendments

Organisation Name \_\_\_\_\_ Organisation Number \_\_\_\_\_

Month \_\_\_\_\_

**Please indicate which of the following are enclosed**

No. of sheets enclosed	Description
	<b>New starters</b> – Employee Details Form (fully completed)
	<b>New starters</b> – Completed P46 tax form
	<b>New starters</b> – P45s
	Salary amendment form
	Timesheets (for hourly paid employees)
	Notification of Sickness (include any doctor's certification)
	Notification of Maternity Leave (include MAT B1 certificate)
	Notification of deductions (include relevant documentation or signed authorisation)
	Other instruction (must be signed and authorised)
	Leaver Form

FBI 2

Please tick box if there are **NO** changes to normal basic salaries for this month

Please tick box if there are **NO** salaries payable for this month

The above items are authorised for payment

Authorised Signatory \_\_\_\_\_

Date \_\_ / \_\_ / 20 \_\_

## Personal Details Amendments

Organisation \_\_\_\_\_ Ref. No. \_\_\_\_\_ Month \_\_\_\_\_

Employee Name \_\_\_\_\_

### Change of name

New Name \_\_\_\_\_ With effect from \_\_\_\_\_

Former Name \_\_\_\_\_

Reason for change: Deed Poll   
Declaration   
Change of marital status   
Other (Please State)  \_\_\_\_\_

### Change of Address

Address

\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Tel. No. \_\_\_\_\_

If temporary please give dates: From: \_\_/\_\_/20\_\_ To: \_\_/\_\_/20\_\_

### Change of Bank Details

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Sort Code \_\_-\_\_-\_\_ (6 digits)

Account Number \_\_\_\_\_ (8 digits)

Building Society Reference Number \_\_\_\_\_

Date change effective from \_\_/\_\_/20\_\_

Authorised Signatory \_\_\_\_\_

Date \_\_/\_\_/20\_\_





## Leaver Notification

Organisation Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Leave Date \_\_ / \_\_ / 20 \_\_

Are any outstanding payments due? Please give details below

Are there any deductions to be made to final salary? Please give details below

Authorised Signatory \_\_\_\_\_

Date \_\_ / \_\_ / 20 \_\_

### For Office Use Only

Date removed from payroll \_\_ / \_\_ / \_\_\_\_

Date P45 issued \_\_ / \_\_ / \_\_\_\_

## Maternity Leave Notification

Organisation \_\_\_\_\_ Ref. No \_\_\_\_\_ Month \_\_\_\_\_

### This section to be completed by employee

Employee Name \_\_\_\_\_

I wish to confirm that I am taking maternity leave.

I will be stopping work on                      \_\_ / \_\_ / 20 \_\_

My expected date of confinement is            \_\_ / \_\_ / 20 \_\_

I enclose a MAT B1 Certificate issued by my doctor or midwife

**NB: A certificate must be produced before maternity leave commences**

I will be returning to work after my maternity leave Yes / No

Signature \_\_\_\_\_

### This section to be completed by the Employer

Is the employee entitled to any other payment in addition to  
Statutory Maternity Pay?                      Yes / No

If yes please give details below:

---

---

---

---

---

Authorised Signatory \_\_\_\_\_

Date \_\_ / \_\_ / 20 \_\_

## Sickness Notification

Organisation \_\_\_\_\_ Ref. No. \_\_\_\_\_ Month \_\_\_\_\_

Employee name	First Date of Sickness	Last Date of Sickness	Date of Return	Total days Absent	Is employee eligible for normal basic pay whilst sick?

**Please attach relevant forms (e.g. self certification or medical certificate).**

Authorised Signatory \_\_\_\_\_

Date \_\_ / \_\_ / 20 \_\_

