

### PARTICIPANT

Last name:  First name:  Middle name(s):

(Personal) e-mail:  Date of birth: (dd/mmm/yyyy)  Sex:  Male  Female

Please do NOT send me official APS correspondence via e-mail. Telephone number:

Please do NOT send me the APS e-newsletter.

### TYPE OF CHANGE

Full-time /Parttime (change in # of working hours)

Previous appointment:  FTE New appointment:  FTE Effective date: (dd/mmm/yyyy)

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Change in monthly salary

Previous salary:  ANG New salary:  ANG Effective date: (dd/mmm/yyyy)

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Leave of absence Start date: (dd/mmm/yyyy)  Ending date: (dd/mmm/yyyy)

Suspension Start date: (dd/mmm/yyyy)  Ending date: (dd/mmm/yyyy)

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Change of employer

Previous employer:	New employer:

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Termination of employment

Date of termination: (dd/mmm/yyyy)

**Please ensure that documents substantiating the amendment are submitted with this form i.e.:**

- Copy of valid picture ID (passport, ID card, driver's license)
- Ontslagbesluit/Termination letter
- Substantiating documents for change of salary
- Substantiating documents for change of working hours (FTE)
- Labor contract
- Substantiating documents for leave of absence

Employer stamp:

Signature:  Employer Representative:

### FOR INTERNAL USE (APS)

Submission date: (dd/mmm/yyyy)  Signature:  Name (in print):