

SALARY UPDATE FORM

R	SA I	PIN:																				
Ρ	Ε	Ν																				
S	SURNAME :																					
FIRST NAME:																						
MI	MIDDLE NAME:																					
ΕN	PLC	DYEF	R N	AME	Ξ:																	

I would like to update some aspect(s) of my records. I hereby authorize you to update the following record(s):

PUBLIC SECTOR ONLY

Salary Structure (T	ïck as appropriate)
HAPSS	
HAPOSS	
CONUASS	Grade Level (e.g 08,09)
CONPOSS	
HATISS	
HPMSS	Step (e.g 08,09)
CONTISS	
CONPASS	
UASS ML	
HAFSS	
CONPSS	
CONHESS	
	Contribution (Employer)
Monthly Pension C	ontribution (Employee)
Annual Basic salar	V V
Annual Housing Al	
Annual Transport A	Allowance

PRIVATE SECTOR ONLY

					tion (
Mont	hly Pe	ncior		tribut	ion (E	mnlo	woo)							
WOTI	iny re	113101				Inplu	yee)							
Annu	al Ba	sic sa	lary											
Annu	al Ho	using	Allov	vance	;									
Annu	al Tra	nspo	rt Allo	owand	ce									
	L		I	l	I	I		I	I	I	I	I	l	

Signature & Date

For office use only

Signature & Date

Please note that completed forms may be scanned to customercare@nlpcpfa.com