



# Change in employment status/ part-time percentage

**i** This form should only be used by authorised officers of Hostplus Salarylink participating employers.

<b>Employer name</b>	<input type="text"/>	<b>Employer number</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/>		

## 1 Member details.

Please provide below details of all members who change their employment status or change their part-time percentage.  
For Salarylink members changing employment status from permanent to casual please also complete the Advice of cessation of employment form to provide contribution and salary information.

<b>Member number</b>	<input type="text"/>		
<b>Full name</b>	<input type="text"/>		
<b>Salary (full-time equivalent)</b>	<input type="text"/>	<b>Date of change</b>	<input type="text"/>
<b>Old employment status</b>	<input type="text"/>	<b>New employment status</b>	<input type="text"/>
<b>Old part-time percentage (if applicable)</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>New part-time percentage (if applicable)</b>	<input type="text"/> <input type="text"/> <input type="text"/> %

<b>Member number</b>	<input type="text"/>		
<b>Full name</b>	<input type="text"/>		
<b>Salary (full-time equivalent)</b>	<input type="text"/>	<b>Date of change</b>	<input type="text"/>
<b>Old employment status</b>	<input type="text"/>	<b>New employment status</b>	<input type="text"/>
<b>Old part-time percentage (if applicable)</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>New part-time percentage (if applicable)</b>	<input type="text"/> <input type="text"/> <input type="text"/> %

Member number

Full name

Salary (full-time equivalent)

Date of change

Old employment status

New employment status

Old part-time percentage (if applicable)

 %

New part-time percentage (if applicable)

 %

Member number

Full name

Salary (full-time equivalent)

Date of change

Old employment status

New employment status

Old part-time percentage (if applicable)

 %

New part-time percentage (if applicable)

 %

Authorised Officer's signature:

Date

Name (print)



It is important that you answer all questions on this form. In confidence when completed.



When you have completed this form please send it to: [hpdbadmin@hostplus.com.au](mailto:hpdbadmin@hostplus.com.au), alternatively a printed and signed form can be posted to **Hostplus, Locked bag 5046, Parrammatta NSW 2124**