



ASSIGNEE QUERY FORM

To: Tower Payroll Department	Assignee No:
From:	Assignment No:
Fax To: (011) 447-4305	Assignee Name:
Date:	Client Name:

QUERY DETAILS
(Please (x) the applicable query)

(X)	Type	Details
	Leave Pay	
	Sick Leave	
	Public Holiday Pay	
	Travel Allowance	
	IRP 5 (Specify year ended)	
	Not Paid (for W/E)	
	Change in Address	Go to Page 2
	Family Responsibility Leave	
	Rate Increase: New Rate /hr	
	New Charge out rate	
	Effective Date	
	Client Approved? (Y/N)	(Attach proof)
	Change in Bank Details	Go to Page 2
	Other (Specify):	

Payroll Department Capturing:	
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Date: _____

Name: _____



ASSIGNEE CHANGE OF DETAILS
 (Please give details and sign)

<u>Change in Bank Details</u>	<u>Details</u>
New Details:	
Bank:	
Branch:	
Account Number:	
Clearance Code:	
Effective Date:	

<u>Change of Address</u>	<u>Details</u>
New Details:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Address Line 4:	
City:	
Postal Code:	

Name: _____ **Date:** _____

Signature: _____