

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		Ref No.: TUM/Form/HRM/011
	Title: EMPLOYEE DATA UPDATE		
	Department: HUMAN RESOURCE MANAGEMENT		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

PART A: STAFF DETAILS

1. NAMES			
Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s. <input type="checkbox"/>	Last Name	First Name	Middle Name
Other Name(s)/Maiden Name if any:			
2. PERSONAL INFORMATION			
Staff No:	Pin No:		
ID/No:	Passport No:		
Date of first appointment:	Date of current appointment:		
Current Designation:	Grade:		
Department:			
Other Responsibilities (if any):			
3. MAILING CONTACTS			
Postal Address:	City/Town:		
Postal Code:	Street Address:		
County:	Country:		
Daytime Phone:	Evening Phone:		
E-mail address:	Fax No:		
4. EMPLOYMENT TERMS			
Permanent: <input type="checkbox"/>	Contract: <input type="checkbox"/>		
Temporary: <input type="checkbox"/>	Casual: <input type="checkbox"/>		

PART B: FAMILY DETAILS

1. NEXT-OF-KIN <i>(one person who should be contacted and may take full control of your estate in case of need)</i>	
Full Names:	Relationship:
Contact Address:	Phone No:



2. FAMILY MEMBERS (spouse & children)

I would like to submit the following changes:

Name	Relationship	Add	Delete/Remove
a) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
b) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
e) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*(Please attaché the necessary supporting document(s): birth notification/certificate, marriage certificate, death notification/certificate)***PART C: EDUCATIONAL INFORMATION***(Highest qualification recently acquired)*

Institution	Course Title/Diploma Awarded/Degree Conferred	Score/Class	Duration

*(Please attached the necessary supporting document(s): copies of transcripts and final certificates)***PART D: ATTESTATION**

I Certify that the information given in this form is true and accurate to the best of my knowledge

Signature: _____	Date: _____
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PART E: CONFIRMATION**1. Data Captured by:**

Signature: _____	Date: _____
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2. Checked by:

Signature: _____	Date: _____
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