

PMEC FORM 0A

Employee Personal and Employment Data Update Form

Institution: _____

Dept: _____

Section: _____

Unit: _____

Post Id: _____ **Post Name:** _____

NRC: ____/____/____ **Manno:** _____ **Post Grade:** _____

Title: _____ **Payroll Grade:** _____

Surname: _____

First Name: _____

Other names: _____

Maiden Name: _____

Academic Qualifications: _____

Professional Qualifications: _____

Highest Qualification Level: _____

Sex M/F: _____ **Date of birth:** ____/____/____ **Marital Status:** _____

Date employed: ____/____/____ **Employment Type:** _____

Date of present Appointment: ____/____/____ **Disability:** _____

Contract End Date (If on

Contract): ____/____/____ **Pension Fund or NAPSA P/N:** _____

Residential Address: _____

_____ **Town/Village:** _____

Postal Address: _____

Tribe: _____ **Religion:** _____

Next of Kin: _____ **Kin's Address:** _____

Name of Spouse: _____

Children: Name **Sex M/F** **Date of Birth**

1 _____ — ____/____/____

2 _____ — ____/____/____

3 _____ — ____/____/____

4 _____ — ____/____/____

5 _____ — ____/____/____

6 _____ — ____/____/____