

Notification of Leaver – provisional/actual/revised (please circle)

Please complete in BLOCK CAPITALS

Name of Employer/School _____

Employee's Full Name: _____

National Insurance Number: _____

Payroll ref: _____ Employee ref: _____

Job Title: _____ Last Day of Service: _____

Reason for Leaving: _____
 i.e. opted out of pension fund, voluntary resignation, retirement, transfer, redundancy, dismissal - stating why dismissed). In cases of retirement (including **ALL** cases of premature retirement) Parts 2 and 3 of tax form P45 should be attached to this form, Part 1 should be sent to you tax office and marked "Pensioner".

Number of hours worked per week _____
 Normal full time hours _____
 Term time only % _____

Pre 2014 scheme pensionable pay details

Please show pre 2014 normal annual pensionable pay rates from 1 April in the tax year preceding the final year of employment – eg if LDOS is 31 December 2014, show normal pay rates from 1 April 2013.

Effective Date of Salary Change	Normal Full Time Equivalent Annual Salary
/ /	£
/ /	£
/ /	£

Payments in Addition to Normal Salary

In the employee's final year if they have received pensionable payments in addition to their normal monthly salary, please detail these below:

Month & Year Paid	Description	Amount	Period Payment Relates To (From: To:)
		£	
		£	
		£	

If there is a possibility that the employee's final year's pay is lower than either of the 2 preceding years (except solely as a result of a change in hours), please copy this page and provide pay information for those years.

Continued overleaf

Contributions and post 2014 scheme pensionable pay details

	% Rate	Amount (£ & p)
Current year total employees pension contributions		
Deducted from pensionable pay of	_____	
Any assumed pensionable pay (provide details and dates separately)	_____	

50/50 or main scheme? _____ **Date of change** _____

Contracted Out N.I. Earnings

	Period Ending	Amount (£ & p)
Current Year		
Previous Year		

Employee Address

We will need to write to the member to notify them of their pension benefits in the LGPS. Please provide their address below:

Declaration

On behalf of the school/employer named below I certify that I have completed this form fully and that all details are correct.

Signed _____ Date _____

Name _____ Tel no _____

Job Title _____

Employer/School _____ Pension Fund _____