

**Confirmation of Change of Hours and/or Term Time Only %**

**Please complete in BLOCK CAPITALS**

Name of Employer/School \_\_\_\_\_  
 Employee's Full Name: \_\_\_\_\_  
 National Insurance Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

**Change of Hours/Term Time Only %**

Hours should be shown as actual hours worked / full time equivalent hours. For example, if your employee works 18 hours per week out of a possible 36 hours per week, please show this as 18.00/36.00. Term time as a % i.e. 43/52 weeks 82.69%

	Hours	Term Time Only %
From	_____/_____	
To	_____/_____	
Date Effective From	____/____/_____	

Declaration

On behalf of the school/employer named below I certify that I have completed this form fully and that I have arranged with our payroll provider for the correct pension contributions to be deducted from the employee's salary.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Tel no \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Employer/School \_\_\_\_\_ Pension Fund \_\_\_\_\_