

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

**Please complete in BLOCK CAPITALS**

Name of Employer/School	_____
Employee's Full Name:	_____
National Insurance Number:	_____
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 <b>ALL</b> 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 \_\_\_\_\_