

**Confirmation of Child Related Absence**

**Please complete in BLOCK CAPITALS**

**Employee Details**

Employee's Full Name: \_\_\_\_\_  
 National Insurance Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

**Maternity**       **Paternity**       **Adoption**

Date leave commenced \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Actual hours at date leave commenced \_\_\_\_\_/\_\_\_\_\_  
 Term Time Only % (TTO) at date leave commenced \_\_\_\_\_

Assumed pensionable pay (monthly rate) i.e. normal pay had the employee not been on parental leave £ \_\_\_\_\_

**Ordinary and paid parental leave**

- when did ordinary and paid parental leave cease? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Unpaid additional parental leave**

If employee was granted unpaid additional parental leave:

- when did unpaid additional parental leave begin \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Assumed pensionable pay (monthly rate) during unpaid additional parental leave £ \_\_\_\_\_

**Return To Work**

If member did not return to work please:

- confirm Last Day of Service \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- complete and send notification of leaver form

If member did return to work please:

- confirm date of return to work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- confirm actual pay at date of return £ \_\_\_\_\_
- confirm actual hours at date of return \_\_\_\_\_/\_\_\_\_\_
- confirm TTO% at date of return \_\_\_\_\_

Declaration

On behalf of the employer/school 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. In the case of authorised unpaid leave I confirm that the employee has been given the employee notes - "Authorised Unpaid Absence".

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