

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? _____/_____/_____

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 _____