

Confirmation of New Employee Details

This form should be completed for every non-teaching employee and returned to the Pensions Service.

Please complete in BLOCK CAPITALS

Name of Employer/School _____

Employee's Full Name: _____ Title _____

National Insurance Number: _____

Date of Birth: ____/____/____ Gender: M/F Marital Status _____

Address: _____

Post Details

Job Title: _____

Date Employment Commenced: ____/____/____

Date Joined Pension Scheme (if different) ____/____/____

Actual Hours Worked per week _____

Contractual Hours for a Full Time employee (eg 35, 36) _____

Term Time Only % if applicable _____

Contribution and Pay Details

Contribution Rate: _____%

Annual Actual Pensionable Pay £_____

Declaration

On behalf of the school/organisation named below I certify that I have completed this form fully and that I have instructed our payroll provider to deduct contributions from the employee's salary. I have attached a copy of the birth certificate/passport and the employee's completed previous pension rights form and expression of wish form.

Signed _____ Date _____

Name _____ Tel no _____

Job Title _____

Employer/School _____ Pension Fund _____