


NOTIFICATION OF EMPLOYEE CHANGE OF HOURS AND / OR TERM TIME ONLY %

Please complete in **BLOCK CAPITALS**,

Employee Details

Name of Employer / School	*	Payroll Ref	
Employees full name			
National Insurance Number			
Job Title			

Change of hours / Term Time Only (TTO) %

Hours should be as actual hours worked / full time equivalent hours. For example, if the employee works **18 hours** per week out of a possible **36**, and is paid for **43 weeks** out of **52.14** please show this as **18 / 36** and term time as **43 / 52.14**.

	From	To
Hours		
Term Time Only %		
Date effective from		

Any Additional Information:

Signed	Date
Name	Tel No.
Job Title	Employer / School

Please return the form to: Pensions Team, L B Redbridge, 255 – 259 High Road, Ilford, Essex, IG1 1NN

MAY 2023