



NOTIFICATION OF LEAVER

For assistance on completing this form, please see the notes for Notification of a Leaver

Please complete in BLOCK CAPITALS,

Employee Details

Name of Employer / School		Payroll Ref	
Employees full name			
National Insurance Number		Last Day of membership	____/____/____
Job Title			
Reason for leaving			
Address			

If retiring, please attach parts 2 and 3 of Tax form P45.

Pre 2014 scheme pensionable pay details

Please give the pensionable salary received for the last 12 months of scheme membership in accordance with the 2008 regulations definition.

Dates – 1 full year preceding the leaving date	Whole-time equivalent pay for post during preceding year
	£
	£
Total	£

Eg: if last day of service was 31 December 2019,

01/01/2019 - 31/03/2019	£20,000	=	£ 5,000
01/04/2019 – 31/12/2019	£24,000	=	£18,000

Post 2014 pay

CARE pay – ACTUAL pay from 1 April to leaving date	£
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Employee Contributions for a refund

If the member has less than 2 years membership please give the contributions paid .

Employees contributions	
Year of leaving	£
Preceding year	£

Contractual Hours

Hours per week at the date of leaving (as % of F/T) eg: $15/36 \times 44.2 / 52.14 = \%$	
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If the employee has no fixed hours (casual or variable time contract) please confirm the total number of hours worked each year and the full time equivalent hours below:

Year Dates	Total Hours Worked	FTE Hours
20 /20		
20 /20		
20 /20		
20 /20		

Assumed Pensionable Pay (APP)

If the employee is retiring on Ill Health Grounds or has died in service, please complete

Annual Assumed Pensionable Pay as at the date of leaving	£
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Please refer the LGPS 2014 HR Guide and the LGPS 2014 Payroll Guide, found on the following website <http://www.lgpslibrary.org/assets/gas/ew/HRv4.0c.pdf>

Signed	Date
Name	Tel No.
Job Title	

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