

FOR USE BY ACADEMIES AND ADMITTED BODIES

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. This is wholetime equivalent for Part timers

Pensionable pay		
From	to	£
From	to	£
Total		£

If the best of the last 3 is required this will be asked for separately.

Post 2014 pay (CARE pay)

CARE pay		
From	to	£
From	to	£

Employees Contributions for a refund

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

Employees contributions		
From	to	£
From	to	£

Contractual Hours

Hours per week at the date of leaving (as % of F/T)	Date hours effective from
	____ / ____ / ____

If the employee has no fixed hours (casual or variable time contract) please confirm the total number of hours worked each scheme year and the full time equivalent hours:

Year	Total Hours Worked	FTE Hours
From to		

Assumed Pensionable Pay

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 and the date that the pay was either reduced or “no pay”	£ Date pay reduced ____ / ____ . ____
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Employer Discretions

If the reason for leaving is Voluntary Retirement – age 55 plus – please confirm whether you are switching on the 85 year rule. **YES / NO** delete as appropriate

If the reason for leaving is Flexible Retirement, please confirm whether you are waiving the actuarial reduction that may otherwise apply: **YES / NO** delete as appropriate

Signed	Date
Name	Tel No.
Job Title	Employer/school