

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 | * |                        |                |
| 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

| <b>Pensionable pay</b> |    |   |
|------------------------|----|---|
| From                   | to | £ |
|                        |    |   |
| From                   | to | £ |
|                        |    |   |

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

**Post 2014 pay (CARE pay)**

| <b>CARE pay</b> |    |   |
|-----------------|----|---|
| 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 |                    |           |
| From to |                    |           |
| From to |                    |           |
| 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” | £<br>Date pay reduced<br>____ / ____ . ____ |
|---|---|

**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 |