

**LOCAL GOVERNMENT PENSION SCHEME**  
**WARWICKSHIRE PENSION FUND**

**Notification of changes relating to pensionable employment to be completed by the employer**

**Employer Name:** Click here to enter text.

**Employee Details**

|                                                  |                                               |
|--------------------------------------------------|-----------------------------------------------|
| <b>Surname:</b> Click here to enter text.        | <b>First names:</b> Click here to enter text. |
| <b>Payroll number:</b> Click here to enter text. | <b>NI No.</b> Click here to enter text.       |

**Details of changes**

|                                                                                            |                                                                 |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Contractual hours of employment changed from:</b> Hours to: Hours                       | <b>Date effective from:</b> Date                                |
| <b>Contractual weeks of employment changed:</b><br><br><b>From:</b> Hours <b>to:</b> Hours | <b>Date effective from:</b> Date                                |
| <b>Change of surname to:</b> Click here to enter text.                                     | <b>Change of contribution rate to:</b> Select contribution rate |

**Maternity/Adoption/Paternity Leave**

|                                                       |                                                                                                   |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Date that paid maternity leave commenced:</b> Date | <b>Date that paid maternity leave ceased:</b> Date                                                |
| <b>Return to work date:</b> Date                      | <b>Lost pension has been paid for via an APC for the period of unpaid maternity leave:</b> Select |

**Unpaid Leave**

|                                                                                                  |                                                           |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Unpaid Leave Authorised</b> <input type="checkbox"/>                                          | <b>Unpaid Leave Unauthorised</b> <input type="checkbox"/> |
| <b>Date that unpaid leave commenced:</b> Date                                                    | <b>Date that unpaid leave ceased:</b> Date                |
| <b>Date returned to work:</b> Date                                                               | <b>Amount of lost pay</b> £Amount.                        |
| <b>Lost pension has been paid for via an APC for the period of unpaid leave:</b> Choose an item. |                                                           |

**Change of address to:** Click here to enter text.

**Postcode** Click here to enter text.

**Completed by:**

**Name:** Click here to enter text.

**Dated:** Click here to enter text.

**Email address:** Click here to enter text.

Return completed form to: [pensions@warwickshire.gov.uk](mailto:pensions@warwickshire.gov.uk)