

Confirmation of New Employee Details

This form should be completed for every non-teaching employee and returned to the Pensions Service.

Please complete in BLOCK CAPITALS

Name of Employer/School _____

Employee's Full Name: _____ Title _____

National Insurance Number: _____

Date of Birth: ___/___/_____ Marital Status: _____

Address: _____

Post Details

Job Title: _____

Payroll number: _____ Employee reference: _____

Date Employment Commenced: _____/_____/_____

Date Joined Pension Scheme (if different): _____/_____/_____

Actual Hours Worked per week: _____

Contractual Hours for a Full Time employee (eg 35, 36): _____

Term Time Only % if applicable : _____

Contribution and pay details

Contributions rate: _____%

Annual Actual Pensionable Pay: £ _____

Declaration

On behalf of the school/organisation named below I certify that I have completed this form fully and that I have instructed our payroll provider to deduct contributions from the employee's salary. I have attached a copy of the birth certificate/passport and the employee's completed previous pension rights form and expression of wish form.

Signed: _____ Date: _____

Name: _____ Tel no: _____

Job Title: _____

Employer/School: _____ Pension Fund: _____