

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

**Post Details**

Job Title: \_\_\_\_\_

Payroll number: \_\_\_\_\_ Employee reference: \_\_\_\_\_

Date Joined Pension Scheme or AE date (this field is mandatory): \_\_\_/\_\_\_/\_\_\_\_\_

Date Employment Commenced (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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Tel no: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Pension Fund: \_\_\_\_\_