



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

**NOTIFICATION OF CHANGE OF HOURS WORKED**

**HOW TO COMPLETE THIS FORM**

**Employer to complete and return to the Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ to advise of change of hours worked.**

EMPLOYER:

POSITION:

NAME OF MEMBER:

NATIONAL INSURANCE NO.:

PRESENT

REVISED

p.w

NUMBER OF HOURS WORKED

p.w.

£

EQUIVALENT FULL TIME PENSIONABLE SALARY

£

STANDARD HOURS PER WEEK:

DATE OF CHANGE:

**Signed:** ..... **Date:** .....

**Designation:** .....