

## 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

<input style="border: 1px solid red;" type="text"/>	p.w	NUMBER OF HOURS WORKED		<input style="border: 1px solid red;" type="text"/>	p.w.
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£ <input style="border: 1px solid red;" type="text"/>	PART TIME SALARY		£ <input style="border: 1px solid red;" type="text"/>
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£ <input style="border: 1px solid red;" type="text"/>	EQUIVALENT FULL TIME PENSIONABLE SALARY		£ <input style="border: 1px solid red;" type="text"/>
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STANDARD HOURS PER WEEK:

DATE OF CHANGE:

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

**Designation:** .....