

FINAL SALARY PAY FOR PRE 1 APRIL 2014 SERVICE

Full-time equivalent rate of pensionable pay at date of leaving: £

Full-time equivalent pensionable pay paid during the last 365 days: £

Part-time pensionable pay paid during last 365 days (if applicable): £

If part-time state hours used in calculation: per week weeks per year

CAREER AVERAGE REVALUED EARNINGS (CARE) PAY FOR POST 1 APRIL 2014 SERVICE

Final year actual CARE pay from April of final scheme year to date of leaving including any periods of APP: £

Previous year CARE pay from April to March of previous scheme year including any periods of APP: £

Final year actual CARE pay if member in 50/50 from April of final scheme year to date of leaving including any periods of APP: £

Previous year CARE pay if member in 50/50 from April to March of previous scheme year including any periods of APP: £

Please note the difference in the regulations definitions of “pensionable pay” for pre-2014 and post- 2014 service. The regulations can be found in full on the LGPS Regulations website, particularly in the 2008 Regulations (Regulation 4) and 2013 Regulations (Regulation 20). You may also find the LGPS HR and Payroll guide useful.

You can also find an [Employers Guide](#) on our website which provides further information on employer responsibilities.

REASON FOR LEAVING CODE:

A	Voluntary Resignation	F	Flexible Retirement
B	Resignation after a period of maternity	N	Retirement on or after NPA* (up to age 75)
C	Casual Employee who has not worked in post over previous 12 months (Date of leaving should be the date when the employee last worked in post)	O	Member opted out of the Scheme
D	Dismissal (In additional notes please indicate if dismissal due to misconduct)	RE	Termination on grounds of redundancy/efficiency
E	Member choice Early Retirement (age 55 to day before NPA*) with immediate payment of pension benefits – must also complete options for waiving reductions	T	Transfer to another local authority/ TUPE (Please include new employer in additional notes)

*NPA (Normal Pension Age) – Please contact the Pensions Team if you are unsure of the employees NPA

Authorised Signature:

Full name:

Date:

Job title:

Please ensure the person signing this form is on the employer authorised signatory list.

On completion send this form to pensions@shropshire.gov.uk