



NOTIFICATION OF CHANGE OF HOURS

Please do not use this notification for more than one post.

Employer: _____
 Name: _____
 National Insurance No: _____ Payroll No: _____
 Weekly / Monthly: _____ Post No: _____
 Job Title: _____

A *
 The above employee has increased/decreased the number of contractual hours worked per week from _____ to _____
 Weeks worked per year: _____ with effect from ____/____/_____
 Full time equivalent: 36
 37
 39

B *
 Hours history for the above post:

Job Title	Hours	From	to	weeks worked per year

A * - Please complete with details of latest hours change

B * - Please provide any changes which have not previously been notified.

The Shropshire County Pension Fund is a Data Controller under Data Protection legislation. This means we store, hold and manage personal data in line with statutory requirements to enable us to provide pension administration services. The Fund has a memorandum of understanding which provides more information. To enable us to carry out our statutory duty, we are required to share information with certain bodies, but will only do so in limited circumstances. For more information about how we hold data, who we share it with and what rights scheme members have to request information from the Fund, please visit www.shropshirecountypensionfund.co.uk.

Name: _____

Job Title: _____

Date: ____/____/____

Please return this form to:
 Pensions Services
 Shropshire Council
 Shirehall
 Abbey Foregate
 Shrewsbury
 SY2 6ND

COVID 19 UPDATE: A SIGNATURE WILL NOT BE REQUIRED. HOWEVER AS A SECURITY MEASURE, PLEASE ENSURE THAT THE PERSON EMAILING THE FORM TO US IS ON THE AUTHORISED SIGNATORY LIST.

Or Send a scanned copy to:
 pensions@shropshire.gov.uk