



## Change of hours form

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

Employer:

Employee name (in full):

NI No:

Payroll Number:

Post Number:

Job title:

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### Hours change

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

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### Hours history

Hours history for the above post. Please send us any previous changes that you have not told us about.

Job title	Hours	From	To	Weeks worked per year


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**Declaration**

Name:

Job Title:

Date:

Signed:

Please return this form to us by email at [pensions@shropshire.gov.uk](mailto:pensions@shropshire.gov.uk), or post it to: Pensions, PO Box 4826, Shrewsbury, SY1 9LJ

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