

Administered by Shropshire Council

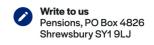
Notification of maternity, adoption or additional paternity absence

Personal information

Full name:	
Address:	
Postcode:	
Personal No:	
National Insurance No:	
Employer:	
Reason:	
Date absence began	Date returned to work:
absence via a S hared Cost Addition	can pay towards covering the 'lost pension' from an authorised al Pension Contribution SCAPC)? Please note members wishing to use eturning to work following the absence for this option to be available
therefore must be given appropriate not	tice.
Yes:	No:
Unpaid Days:	Unpaid period from:
Has the member elected to pay Addition only)	nal Pension contributions to cover the absence? (authorised absences
Yes	No:
If you answered yes, please forward copemployee to cover unpaid period?	py of completed application form. Have contributions been made by
Yes:	No:









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For completion by Authorising Signatory

Name:
Job title:
Email address:
Date:
Signed:
Please return this form using i-Connect document upload. See the i-Connect document transfer guide 2023 on

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