

# Final Notification of Part Time Hours

To be completed when the member leaves the Scheme

## Personal Details

**Name**

**Location**  **Date of birth**

**Period** *from*  *to*

## Part Time Hours worked in the Period

Please show all part time hours (including any variations) during service, or since JSS were last notified.

Please show full time hours if any have been worked during the period.

Period	Conditioned Hours	Actual Hours Worked	Extra Hours	JSS USE
<i>from</i> <input type="text"/> <i>to</i> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	days @ <input type="text"/>
				= <input type="text"/>
<i>from</i> <input type="text"/> <i>to</i> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	days @ <input type="text"/>
				= <input type="text"/>
<i>from</i> <input type="text"/> <i>to</i> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	days @ <input type="text"/>
				= <input type="text"/>
<i>from</i> <input type="text"/> <i>to</i> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	days @ <input type="text"/>
				= <input type="text"/>
<b>(SUB) TOTAL</b>				<input type="text"/>

If necessary, continue over page

## Authorisation

*I certify that the information given is correct and all periods of part time service have been notified.*

**Authorised signatory** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return completed form to:

JSS Pensions Administration

Polaris House, North Star Avenue, Swindon, SN2 1UY

Continued

Period		Conditioned Hours	Actual Hours Worked	Extra Hours	JSS USE
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
from	to				days @
					=
<b>(SUB) TOTAL</b>					

**Authorisation**

*I certify that the information given is correct and all periods of part time service have been notified.*

Authorised signatory \_\_\_\_\_

Date \_\_\_\_\_