

**FALKIRK COUNCIL PENSION FUND
LOCAL GOVERNMENT PENSION SCHEME
NOTIFICATION OF POST CHANGE**

Form S4A

Please complete this form when a scheme member changes post/job and their *annual full-time rate of pensionable pay* (see 6. below) remains the same or increases.

If there has been a change of post that results in a reduction in their *annual full-time rate of pensionable pay* (see 6. below) please **DO NOT** complete this form. Instead, please complete forms S10 and S22 in respect of the old post and form S1 for the new post.

Employee Details

Name _____ Superann. No. _____
 Employer _____ Payroll No. _____
 Old Post No. _____ New Post No. _____ NI No. _____

The percentage of full-time in the **old post**.

If the employee worked variable/fluctuating hours in the **old post**, please state the number of hours worked in the current year to the date of change.

New Post Details

1. The date the employee started in the new post (dd/mm/yyyy) _____
2. The employment is
 - a) Full-time (i.e. employed in a full-time capacity)
 - or
 - b) Part-time (i.e. not employed in a full-time capacity)
3. If "Part-time", the working hours will:
 - a) be fixed or follow a cyclical pattern
 - or
 - b) fluctuate with no set pattern
4. Contractual Hours and Weeks

a) the contractual hours per week in respect of which pension contributions will be paid in this post	
b) the equivalent Full-time weekly hours for this post	
c) the contractual weeks per year in respect of which pension contributions will be paid in this post	
d) the percentage of Full-time [(a / b) times (c / 52) times 100] - cannot exceed 100.00%	
5. The rate of pension scheme contribution (must be between 5.5% and 12% and determined in accordance with the Statutory Guidance on Tiered Contributions issued by Scottish Ministers) _____
6. The Annual Full-time Rate of Pensionable Pay (Please give the employee's annual full-time equivalent rate of pensionable pay. This will be the same as the pay used to determine the employee's contribution rate (5. above) and will include all pensionable pay elements as calculated per SPPA guidance. If the employee is a term-time employee please do not pro-rate the value based on the number of weeks.) _____
7. The employee's existing Super. No./Pension Ref. has been updated to the new post: Yes No

The person signing this form is certifying that, to the best of their knowledge, the information provided above is accurate and correct.

Please send the completed form to the Pensions Section, Falkirk Council.

Completed By:	Designation:
Email:	Telephone No:
Signed:	Dated: