

**LOCAL GOVERNMENT PENSION SCHEME  
STATEMENT OF PENSIONABLE REMUNERATION**

Please provide a statement of the undernoted employee's pensionable remuneration for the year to

This statement should be based on the superannuable pay relating to the employee's final 365 days of pensionable employment ending on the date specified above.

- ◆ If the employee has been absent with reduced or nil pay due to ill health, supply details of the remuneration which the employee would have received but for such absence.
- ◆ Do not include any periods in which the employee has been absent from work without pay (other than ill health) in respect of which pension contributions have not been collected.
- ◆ If the employee is part-time (i.e. works less than the full-time hours for their post) or has fluctuating hours of employment, please supply the notional full-time equivalent remuneration.

NAME \_\_\_\_\_ SUPERANN. NO. \_\_\_\_\_

EMPLOYEE NO. \_\_\_\_\_ NAT. INS. NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

DATE LEFT \_\_\_\_\_ REASON \_\_\_\_\_

DEATH - Balance of Pay in Suspense A/c (Falkirk Council employees only) \_\_\_\_\_

Period		Number of Days	Weekly Hours	Hourly Rate (Manuals)	Annual Salary (APT & C)	Pensionable Pay	For Use by the Pensions Section
From	To						
Total Annual Basic Wage / Salary							
Bonus							
Contractual Overtime							
Provided Accommodation							
Other Pensionable Allowances (see overleaf)							
<b>PENSIONABLE REMUNERATION</b>							

**CALCULATION OF PENSIONABLE ALLOWANCES**

Period		Number of Days	Weekly Hours	Hourly Rate (Manuals)	Annual Salary (APT & C)	Pensionable Pay	For Use by the Pensions Section
From	To						
<b>TOTAL PENSIONABLE ALLOWANCES</b>							

**PERIODS OF ABSENCE WITH NO REMUNERATION BY REASON OF ILL HEALTH**

Period		Number of Days
From	To	

**PERIODS OF ABSENCE WITH NO REMUNERATION FOR ANY OTHER REASON**

Period		Number of Days	Reason
From	To		

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
on behalf of Employer named overleaf