

**LONDON BOROUGH OF SUTTON & ROYAL
BOROUGH OF KINGSTON UPON THAMES
SHARED PENSIONS SERVICE**



AMENDMENTS FORM - LG4

Direct Line: 020 8770 5290
Email: skpensions@sutton.gov.uk

School/Employer	
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Change of: <i>(delete as appropriate)</i>		Name / Address
Job title and or Grade**	Hours	Equated % (term time)
Contribution band %	Maternity leave	Extension of contract

****PAY AWARD / ANNUAL INCREMENT TO BE REPORTED ON MONTHLY RETURNS**

ALL DETAILS TO BE COMPLETED BY SCHOOL / EMPLOYER

First Name(s) (Mr/Mrs/Miss/Ms)	
Surname	
Marital Status (if known)	
Home Address	
Post Code	
Home/Mobile Telephone No.	
Email Address	
Date of Birth	

National Insurance No.	
Maternity leave (*delete as appropriate / enter date)	*Started / Nil pay from / ended -
Job Title	
Date of change	
Contract term (delete as appropriate)	Permanent Extension until ..
a. Contractual Hours (actual)	per week
b. Full time hours (change if other)	36 per week
c. Equated % (cont. wks + annual leave entitlement) / 52.142 x 100	. %
d. Overall % of full time (a / b x c)	. % of full time
e. Full Time Pensionable Salary Pay Scale (spine) Point	£ SCP per annum
f. Actual Salary (Band Pay)	£ per annum
LGPS Contribution band / % rate (Based on Actual Pay f. above)	Band No. (1- 9) & . %

Signed..... Date.....

Job Title..... Contact No.....

Please scan in and return this form, together with monthly contributions return, along with any supporting documentation by email to skpensions@sutton.gov.uk or alternatively post to;

Sutton & Kingston Shared Pension Services
Civic Offices
St. Nicholas Way
Sutton
SM1 1EA