



## **Notification of changes of the employee's return to work following an absence**

Employer:

Employee name (in full):

Notification of a scheme member returning to work after leave of absence due to:

A trade dispute:

Unpaid leave of absence (authorised):

Unpaid leave of absence (unauthorised):

### **Period of absence**

Period of absence from: To:

Please note, members wishing to use this option must choose to do so within 30 days of returning to work following the absence for this option to be available.

Number of unpaid days:

Unpaid period from:



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[pensions@shropshire.gov.uk](mailto:pensions@shropshire.gov.uk)



**Write to us**

Pensions, PO Box 4826  
Shrewsbury SY1 9LJ



**Declaration:** I confirm that I have told the member they can pay towards covering the 'lost pension' from an authorised absence via a shared cost additional pension contribution (SCAPC)

Yes:

Has the member chosen to pay additional pension contributions to cover the absence?

Yes:      No:

If yes, what was the amount of contribution paid:

If yes, were the contributions paid: regularly:      or by lump sum:

## Declaration

Name:

Job title:

Date:

Signed:

*Please return this form using i-Connect document upload. See the i-Connect document transfer guide on our website for further details.*



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