

**FALKIRK COUNCIL PENSION FUND
LOCAL GOVERNMENT PENSION SCHEME
NOTIFICATION OF SCHEME LEAVER**

Form S10

Please complete this form in respect of a scheme member who is leaving or has left employment with you.

Please **do not complete** this form if the scheme member has opted out of the LGPS (*you should complete Form S10A*).

Employee's Details

Name _____	Superann. No. _____
Address _____	Payroll No. _____
_____	Post/Job id. _____
_____	NI Number _____
Post Code _____	Email _____
Employer _____	Dept. _____
Designation _____	

Leaving Details

1. Date of Leaving: _____

2. Reason for Leaving (Please select from dropdown list): _____

Reasons for Leaving:
Resignation, Dismissal, Capability, Mutual Agreement, End of Contract, After Maternity/Paternity Leave, Redundancy (not Retirement), Business Efficiency (Not Retirement), Ill Health (Not Retirement), Transfer of Undertaking, New Post with this Employer, Age Retirement, Early Retirement (Not Redundancy, Business Efficiency or Ill Health), Flexible Retirement, Business Efficiency Retirement, Redundancy Retirement, Ill Health Retirement, Death.

3. New employment details (if known): _____

4. Is a Pay Award pending for this employee? Yes No

Contributions and Hours Details

Pay Item	Previous Year	Current Year
Pension Contributions Paid		
Additional Pension Contributions Paid		
AVCs Paid		
National Insurance C.O. Earnings		
National Insurance Category		
Annual Rate of Remuneration (include all pensionable items of pay)		
Pensionable Hours (if employee is part-time and/or casual and has variable hours)		

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

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