

Breaks in Employment

Please complete this form in block capitals and in	black ink.
Surname:	First Name(s):
Title: Mr / Mrs / Miss / Ms / Other	
Partnership Status: Single / Married / Civil Partnered / [Divorced / Widowed / In a Declared Partnership*:
Pension Reference Number:	National Insurance Number:
Staff Number:	Post Held:
Employer:	
Section of the Scheme at date break commenced:	Main 50/50
The member has commenced a leave of absence fro	om//
Reason for absence	
* Authorised unpaid leave of absence e.g. un career break	paid child-related leave, jury service on no pay,
Unpaid Sick Leave (move to main section of S the member's Assumed Pensionable Pay until	· ·
* Industrial action/strike (strikes involving a l be notified electronically by spreadsheet)	arge number of Scheme members should
Reserve Forces Service Leave	
Unauthorised Absence	
* The member must continue to pay for ARCs, APCs for a perod of unpaid sick leave).	s, AVCs or Added Years during the break (except
The expected date of return to work is//	/ not known.
When the employee returns to work, please complete Following a Break.	te and forward form LGS 35 - Re-employment
If the employee does not return to work on the expe of the revised date of return, or if the employment of	
Completed by:	
Print Name (Authorised Officer):	Signature:
Telephone Number and Extension Number:	Date:
Email Address:	