

Breaks in Employment

Please email this completed form to admin1post.incomingemails@nilgosc.org.uk within 30 days of the member commencing the absence.

Employer

Staff number/Post ID

Member surname

Member first name(s)

Address

Postcode

NILGOSC reference number

Occupation

Section of the Scheme at date break started

Main 50/50

Date member commenced a leave of absence from



Completed By

Print Name (Authorised Officer)

Signature*

Telephone Number/Extension Number

Date

Email Address

** By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*