

### VARIABLE HOURS Dec 20

###### ABOUT THE MEMBER

|  |
| --- |
| Forename(s): |
| Surname: |
| National Insurance number: |
| Department/Service: |
| Employer: |
| Unique pensions identifier number: |

#### CONFIRMATION OF VARIABLE HOURS

|  |  |  |  |
| --- | --- | --- | --- |
| **TAX YEAR** | **TOTAL BASIC HOURS**  **WORKED ANNUALLY** | **TOTAL FULL TIME HOURS**  **WORKED ANNUALLY** | **HOURLY PAY RATE** |
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**NOTE: Please send an S11 form with this form if the member has left this post.**

Name……………….…………………………….. Dated ……………………………………………

Designation……………………………………… Telephone No. for enquiries…………………….

**EMPLOYERS:**

**Please return this form to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW.**