

Change in Hours Worked (CIHW)

Use this form if you are an **employer** and want to advise a change in the basis of employment for a member in the LGS Retirement Scheme, i.e. full-time to part-time.

Please use a black pen and CAPITAL letters or type directly into this form online, print it and send it to us. Use (✖) to mark boxes.

You may advise the change in hours worked by using either of the following methods:

- Provide both a full-time and part-time salary; or
- Provide the full-time hours that would have been worked and the actual part-time hours worked; or
- Provide the new salary ratio
i.e. (part-time salary/full-time salary = salary ratio {to four decimal places})

Changing hours worked will have an effect on the member's entitlements and the amount of contributions payable to the scheme, therefore this advice should be remitted promptly to ensure it appears on your next monthly contribution due report.

I. Member details

Given name/s	<input type="text"/>																				
Family name	<input type="text"/>																				
Member no.	<input type="text"/>	Payroll no.	<input type="text"/>																		
Full-time salary or hours worked	<input type="text"/>										Part-time salary or hours worked	<input type="text"/>									
New salary ratio	<input type="text"/>																				
Start date	<input type="text"/>	End date (if known)	<input type="text"/>																		

Given name/s	<input type="text"/>																				
Family name	<input type="text"/>																				
Member no.	<input type="text"/>	Payroll no.	<input type="text"/>																		
Full-time salary or hours worked	<input type="text"/>										Part-time salary or hours worked	<input type="text"/>									
New salary ratio	<input type="text"/>																				
Start date	<input type="text"/>	End date (if known)	<input type="text"/>																		

Given name/s	<input type="text"/>																				
Family name	<input type="text"/>																				
Member no.	<input type="text"/>	Payroll no.	<input type="text"/>																		
Full-time salary or hours worked	<input type="text"/>										Part-time salary or hours worked	<input type="text"/>									
New salary ratio	<input type="text"/>																				
Start date	<input type="text"/>	End date (if known)	<input type="text"/>																		

Given name/s	<input type="text"/>										
Family name	<input type="text"/>										
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Full-time salary or hours worked	<input type="text"/>					Part-time salary or hours worked	<input type="text"/>				
New salary ratio	<input type="text"/>										
Start date	<input type="text"/>	End date (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

Given name/s	<input type="text"/>										
Family name	<input type="text"/>										
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Full-time salary or hours worked	<input type="text"/>					Part-time salary or hours worked	<input type="text"/>				
New salary ratio	<input type="text"/>										
Start date	<input type="text"/>	End date (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

2. Employer details

Employer name	<input type="text"/>									
Reporting Centre code	<input type="text"/>									
<p style="color: green; font-weight: bold;">I certify that the details given are true and complete and that I have obtained the necessary consent to disclose personal information to LGS.</p>										
Signature of authorised officer	<input type="text"/>					Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of authorised officer	<input type="text"/>									

Please return your completed form to:

<p>Mail: Local Government Super PO Box N835 Grosvenor Place NSW 1220</p>	<p>Email: admin@lgsuper.com.au</p>
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The information you provide on this form is collected by and held for Local Government Super by the fund administrator; Australian Administration Services, in accordance with the Australian Privacy Principles under the *Privacy Act 1988 (Cth)*. For further information about privacy, please phone Member Services on 1300 LGSUPER (1300 547 873) or visit lgsuper.com.au to view the Privacy Policy.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321).