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.

1. Member details

Given name/s

Family name

Member no.

Payroll no.

Full-time salary or hours worked

Part-time salary or hours worked

New salary ratio

Start date DD/MM/YYYY

End date (if known) DD/MM/YYYY

Given name/s

Family name

Member no.

Payroll no.

Full-time salary or hours worked

Part-time salary or hours worked

New salary ratio

Start date DD/MM/YYYY

End date (if known) DD/MM/YYYY

Given name/s

Family name

Member no.

Payroll no.

Full-time salary or hours worked

Part-time salary or hours worked

New salary ratio

Start date DD/MM/YYYY

End date (if known) DD/MM/YYYY

Given name/s

Family name

Member no. | | | | | | | | Payroll no. | | | | | | | |

Full-time salary
or hours worked

Part-time salary
or hours worked

New salary ratio

Start date DD/MM/YYYY   End date *(if known)* DD/MM/YYYY

Given name/s

Family name

Member no. | | | | | | | | Payroll no. | | | | | | | |

Full-time salary
or hours worked

Part-time salary
or hours worked

New salary ratio

Start date DD/MM/YYYY   End date *(if known)* DD/MM/YYYY

2. Employer details

Employer name

Reporting Centre code | | | | | | |

I certify that the details given are true and complete and that I have obtained the necessary consent to disclose personal information to LGS.

Signature of authorised officer   Date DD/MM/YYYY

Name of authorised officer

Please return your completed form to:

Mail: Local Government Super   Email: admin@lgsuper.com.au
PO Box N835
Grosvenor Place NSW 1220

LG **1032.5** 09/16 ISS3

L0742-09/16-WEB