**CONTINUING EMPLOYMENT OR RE-EMPLOYMENT WITH SFRS RE-EMP1**

Before completing this section, please read the ‘**Going back to work’** section of the SPPA website. If you do not know if you are returning to work, then you must notify us as soon as the details are known.

Do you intend to continue in your current position or take up further employment in the SFRS? (Please note that if you intend to return to employment on the basis of ‘Retire and Return' then this must be done through your employer.)

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**Yes** **No**

If you have answered ‘Yes’, please provide the following:

(If this is not currently known, you must provide the SPPA with these details **immediately** if you take up further SFRS employment.)

|  |
| --- |
|  |

Full Name

|  |
| --- |
|  |

National Insurance Number

|  |
| --- |
|  |

Name of Employer

|  |
| --- |
|  |
|  |
|  |

Address of Employer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Post | | | | | |  | | | | | | Annual rate of pay | | | | £ | | | |
|  |  | | | | |  | | |  |  |  |  |  |  |  |  |  |  |  |
| Employment type | | | | | | Whole time | | | | |  |  |  |  |  |  |  |  |  |
|  |  | | | | |  | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  | Part time | | |  | Number of hours per week | | | | | |  | |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| When will this employment commence? | | | | | | | | | |  |  | **/** |  |  | **/** |  |  |  |  |

**To be completed by SPPA**

Salary and pension details at retirement

|  |  |  |  |
| --- | --- | --- | --- |
| Salary | £ | Annual Pension | £ |

Salary and pay information at today’s date including PI

|  |  |  |  |
| --- | --- | --- | --- |
| Salary | £ | Annual Pension | £ |