

TEACH:RET Part 2 (Employers Only) PART 2

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

This form should be completed by the employer and forwarded to the Scottish Public Pensions Agency (SPPA) at least 4 months before the applicant's last day of service. Delays in submission of this form may result in late payment of benefits.

Any amendments arising after submitting this form should be notified to SPPA immediately.

Leaver details must be notified to SPPA within three months of termination date.

SECTION 1 - PERSONAL DETAILS - FOR ALL EMPLOYEES

uperannuation number										
orename										
urname										
ate of birth / /										
ate of birth confirmed by mployer To the best of my knowledge I can confirm this is the date of birth we hold for the member. Birth certificates need not be sent if this box has been ticked.										
Please note all members will be in the CARE scheme from 1 April 2022, so please complete all fields in Section 2										
arnings will be paid / / / / / / / / / / / / / / / / / / /										
etirement category Age ARP PRC Phased										
phased, date phased / / / / / / / / / / / / / / / / / / /										
lember will terminate ALL supply contracts										
or all scheme members, please complete Section 2										
(A separate Section 2 should be completed for each employment contract i.e. if the member has two part time contracts, then a separate Section 2 would be completed for each contract. A duplicate copy of Section 2 is available in the 'Forms' section on our website)										
hen complete the employer information in Section 3 the applicant is retiring on premature ground, please complete Section 4 . the applicant is retiring on phased retirement, please complete Section 5 .										



SECTION 2 – DETAILS OF EMPLOYMENT

Payroll Reference			Date	e Contrac	ct Begar	1		
Period used for return d	ate ne	eds to be for the fina	ancial <u>y</u>	year pred	ceding d	ate of ı	etireme	nt.
Return	n Date		3	1	0	3		
Salary	Rate							
Full Time	Numl	per of Days Worked						
Part Time / Supply	Numb	er of Hours Worked						
Full Time Equivalent H	ours e	.g. 1365 or 1820						
CARE Pensionable Pa	y (Inclu	iding Overtime)						
Overtime	Earnii	ngs						
To date of leaving								
Leavin	g Date)						
Salary	/ Rate							
Full Time		ber of Days Worked						
Part Time / Supply	Numb	er of Hours Worked						
Full Time Equivalent H	ours e	.g. 1365 or 1820						
SNCT Leaver Adjus	tment	(If Applicable)						
CARE Pensionable Pay (In	cluding	Overtime & SNCT)						
Overtime	Earnii	ngs						
Notes:								
						 1		
Is pay to date of leaving	provi	sional or final?	Pro	visional			Final	

CONTINUED ON NEXT PAGE





BY COMPLETING THE BELOW TABLES FOR THE LAST 10 YEARS, IT WILL REDUCE THE CHANCES OF SPPA NEEDING TO CONTACT YOU FOR FURTHER INFORMATION PLEASE ENSURE ALL STRIKE DAYS AND ABSENCES ARE INCLUDED

Last 365 Day Period

Start Date					End Date						Salary Rate

Strike Days (In Last 10 Years)

		Star	t date	Э		End date						
Da	ay	Мо	nth	Year		Day		Month		Year		

		Start	date		End date						
Day		Month		Υe	Year		Day		Month		ear

Acting Up (In Last 10 Years)

	Start date							End	date				Full Time	Part Time									
D	ay	Мо	nth	Υe	ear	Da	ay	Month Year		Year		Year		Year		Year		Year		Salary Rate	Days	Hours	FTE Hours e.g 1365

Periods of Absence (In Last 10 Years)

	Start date							End	date			Salary Rate	Half Pay (Y/N)	Nil Pay	Reason								
D	ay	Мо	nth	Υe	ear	Da	ay	Мо	nth	Year		Year		Year		Year		Year		Carary Haro	(Y/N)	(Y/N)	

Please ensure you complete the employer's declaration at Section 3





SECTION 3 - EMPLOYER DECLARATION

To the best of my knowled by the member.	dge all information given in this form is correct and signed and dated
Name of employer	
Name (BLOCK CAPITALS)	
Telephone number	
Email address for any enquiries	
Signed	
Date	



SECTION 4 – CERTIFICATION RELATING TO PREMATURE RETIREMENT

Employer decla	ration											
A full description guide	n of ma	ndatory a	nd discretion	onary compe	nsation if	available f	rom the	: Emp	loyers			
I certify that				who	is aged 55	or over, is re	etiring fro	m their	٢			
teaching post at					on the grounds of redundancy'/in the interest							
of the efficient exer	cise of th	ne employe	rs function* w	vith effect from		/	/					
* delete as appr	opriate											
I also agree that regulation E6(6) amended) or reg therefore entitle) of the gulation	Teachers	' Superanr achers' Pe	nuation Schemension Scheme	ne (Scotla	and) Regu	lations 2	2005	(as			
Is the member a	also bei	ng paid a	discretiona	ary enhancer	nent?	Yes		No				
Do you wish to p	pay SP	PA capita	lisation cos	sts for:								
mandatory	compe	nsation?	Yes					No				
discretiona	ry com	pensation	? Yes	Amou	nt			No				
Please note that charge, details of the teacher is the provider	of which	n are on th	ne website.									
Name of provide	er											
Address of prov	ider											
				Post code								
Telephone num	ber											
This certificate s with the decision Please ensure t will now be sent	n to acc o suppl	ept the vo	oluntary ea	ırly retiremen	t for the p	erson clair	ming be	enefits	S.			
Employing auth	ority											
Position												
Telephone No			Email									
Signed						Date						



SECTION 5 – PHASED RETIREMENT CERTIFICATE BY EMPLOYER

I certify that the particulars given previously are correct and:

- If applying after the change of contract the member has applied within 3 months of the change in contract
- there will be a reduction in the member's contributable salary of 20% or more as compared with the average rate of contributable salary in the six months prior to the end of his/her previous employment
- that this reduced new salary rate will not exceed 80% of the previous salary for a period of 12 months from the date of the salary reduction, ignoring standard pay increases
- all contributions properly payable under the regulations governing the pension scheme have been or will be deduction from the salary.

Salary after phased retire	ment	£			
Employer name					
Employer address					
	Post co	ode			
Name (in BLOCK caps)					
Telephone number					
Email address for any enquiries					
			_		
Signed			Date		