

Notification of Leave of Absence

Personal Details (Please complete in BLOCK CAPITALS)	
Employer Name	<input type="text"/>
Employee Name	<input type="text"/>
Employee Number	<input type="text"/>
NI Number	<input type="text"/>
Start Date of Absence	<input type="text"/>
Last Date of Absence	<input type="text"/>

I certify that the above named employee has given notice of their intention to repay their pension lost during the above period of authorised unpaid leave and attach confirmation of the additional pension contributions.

Certified Correct	
Signed	<input type="text"/>
Position	<input type="text"/>
Telephone Number	<input type="text"/>
Date	<input type="text"/>

Completed forms should be returned to:

**Cheshire Pension Fund,
The Portal,
Wellington Rd,
Ellesmere Port,
Cheshire,
CH65 0BA.
Email: pensions@cheshirewestandchester.gov.uk**