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| **Tir Na Nog Salary Sacrifice Scheme**  **Amendment Request Form** | | | | BANGOR UNIVERSITY NEW LOGO |
| Please read the schemes rules and FAQ before completing this form and then return to Tir Na Nog who will note and then share with the Bangor Benefits Team.  **Your Details** | | | | |
| First Name |  | Surname |  | |
|  | | | | |
| Department |  | Payroll No |  | |
|  |  |  |  | |
| Childs Name  (List all if applicable to more than 1) |  | | | |

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| **Date from which you wish the change to commence**: until the annual renewal date (1st of September) | | | |
| Month |  | Year |  |

|  |  |
| --- | --- |
| **Monthly amount you now wish to salary sacrifice** (please note this cannot be higher than your monthly nursery fees) | |
| £ | Per month. |

*The amount deducted in your monthly salary will go towards that particular month’s nursery charged that you receive from Tir Na Nog.*

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| ***Reason for Change (select applicable)*** | | | |
|  | Marriage or civil partnership |  | Birth or at key stages in adoption of a child |
|  | Notification of pregnancy or commencement of/return from maternity leave **(staff member only)** |  | Divorce/legal separation/dissolution of a civil partnership |
|  | Commencement of/return from unpaid leave of greater than 3 months (paternity, career break, etc.)  **(staff member only)** |  | Commencement of/return from long-term sick leave, or starting receipt of long-term disability benefit  **(staff member only)** |
|  | Sibling starting at nursery/Sibling starting at school |  | Moving House |
|  | Redundancy, loss of job or change in working pattern of partner |  | Decrease in Reference Salary of 20% or more **(staff member only)** |
|  | A significant change in working hours (20% or more) **(staff member only)** |  | Commencement of or return from an overseas secondment |
|  | Death of a partner or dependant |  | Change in formal custody arrangements |
|  | National Wage issues (**staff member only)** |  | Early Years Funding applies |
|  | Child leaving nursery |  |  |

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| **Agreement:**  I understand and agree that as a participant in the Workplace Nurseries Salary Exchange Scheme my gross salary will be reduced by an amount that reflects the amount detailed above as full or part payment for my University nursery place(s), and that the following conditions will apply:   * The University will pay the nursery fees equivalent to the amount indicated above direct to the nursery provider; * The salary reduction constitutes a formal change to my contract of employment; * I agree to give the University and the nursery no less than one months’ notice when I wish to withdraw my child from the nursery and to withdraw from the salary exchange scheme; * I have notified the Nursery of this change. * I have read and understood the University guidance;   I understand that I cannot receive a refund of any salary exchange. | | | |
| Signature |  | Date |  |