

Date of receipt:

## Certificate of Re-employment

### Part A: To be completed by the applicant in all cases.

**Notes:** Where we hold your email address we may use this address to communicate with you. Complete Part A and pass to your employer to complete Part B. A separate certificate is required from each employer if you have more than one. You must complete this form in each tax year you are re-employed.

#### Section 1: Personal details. Information required to assess the effect of earnings from re-employment on pension.

**1. Teacher's reference number**

RP   /

**2. Surname** (one character per box)

**3. Former surname** (if any)

**4. First name**

**5. Title** (please tick, or state if other)

Mr  Mrs  Miss  Ms  Other

**6. Date of birth** (e.g. dd/mm/yy)

**7. National Insurance number**

**8. Contact address**

Postcode

**9. Home telephone number** (inc. STD code)

**10. Mobile telephone number**

**11. Email address**

**12. Did your employer increase your retirement benefits?**

Yes  No

**13. Please confirm the date you first commenced teaching employment after retirement.**

Signature

Date

**Data Protection Act 1998.** The Department for Education (DfE) will use any information you provide in connection with the Teachers' Pension Scheme to administer and operate the scheme and pay benefits under it. This may include passing details to third parties that are involved in the administration and operation of the scheme. The DfE may also use your data for administrative purposes in line with its data protection notification. In order to fulfil its duty to protect public money, the DfE may use information it holds to prevent and detect fraud. It may also share information with other organisations that handle public funds. **If there is any difference between the legislation governing the Teachers' Pension Scheme and the information in this leaflet, the legislation will apply.**

**Please return to us at:**

Teachers' Pensions,  
Mowden Hall  
Darlington, DL3 9EE

[www.teacherspensions.co.uk](http://www.teacherspensions.co.uk)



**Part B: To be completed by the employer and returned without delay** *(continued)*

**Section 2: Certificate**

The certificate must be signed by a responsible officer of the Local Authority in respect of all maintained schools including both foundation and voluntary aided schools. In the case of other institutions, the certificate must be signed by a responsible officer or chairperson of the governing body. This cannot be a member of the teaching staff.

**1. Signature of authorised officer**

**2. Name of authorised officer** (in capital letters)

**3. Position**

**4. Telephone number** (inc. STD code and extn.)

**5. Date**

**6. Name of contact for admin purposes** (in capital letters)

**7. Telephone number** (inc. STD code and extn.)

**8. Fax number**

**9. Email address**

**10. Official stamp or full address**

Official stamp (LA only).  
If non-LA establishment, please give address and postcode.

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