

Changes in hours worked

Which scheme?
(use a separate form for each scheme)

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What to do

- Use this form to tell us when a member changes employment status so that the accrual of entitlements and contribution rates (if applicable) can be adjusted.
- Use a separate form for each scheme and indicate which scheme by crossing the box at the top of the page.
- Give your employer details and ensure the form is certified by an authorised officer in the box provided.
- Send the completed form to
State Super PO Box 1229 Wollongong NSW 2500

You can use this form, or you can extract it from your database to be sent either by e-business or as a paper copy printout.

Definitions

Salary

Is the annual rate payable to an employee for doing their job. It does not include:

- overtime, bonuses or allowances in lieu of overtime,
- relieving or higher duties allowance (paid or likely to be paid continuously for less than 12 months),
- expense allowances, allowances for travelling, subsistence or other expenses,
- rent, housing or quarters allowance,
- equipment allowance, or
- shift allowance (except to the extent determined in accordance with the Regulations to the Act).

Attributed full-time salary

In the case of part-time employees, it is the annual amount that would be payable to a full-time employee in the same position. In the case of full-time employees, it is their annual salary.

Definitions (cont.)

Part-time status

Is when an employee is in part-time employment with a salary paid as a percentage of the full-time salary. The percentage paid is the same as the percentage of time worked compared to the full-time job in the same classification.

Enquiries

Check in your *Employer Easy Reference Guide*, or contact your Employer Relationship Manager.

The *Employer Easy Reference Guide* is also on the web site at www.statesuper.nsw.gov.au

Changes in hours worked		Superannuation number	Payroll number	Attributed full-time annual salary (show in all cases)	Part-time annual salary	Date/s change will be effective	
Employee's family name	Given names					from	to (if known)

Employer code

Employer name

I certify that the particulars given are true and complete.

Signature of authorised officer

Name (please print)

Date

DD	MM	YY
/	/	