

Changes in hours worked

Which scheme?

- ☐ **SSS** Please complete part 1 of this form
- ☐ **SASS** Please complete part 2 of this form

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 separate parts of the form for each scheme. Part 1 is for SSS members, part 2 is for SASS members.
- 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 GPO Box 2181 Melbourne VIC 3001, or email: SASS – SASS_Conts@mercerc.com and for SSS - SSS_Contributions@mercerc.com

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.

Enquiries

Check your *Employer Easy Reference Guide* or contact your employer support officer on 1300 142 708 or via email: STC_Employer@mercerc.com

The *Employer Easy Reference Guide* is available on our website:
www.statesuper.nsw.gov.au

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
- 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.

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.

If you need help with this form

Contact your Employer Support Officer between 8:30am and 5:30pm AEST from Mon–Fri on 1300 142 708 or email STC_Employer@mercerc.com

Part 1 Changes in hours worked - SSS

[illegible]

Reason for change in hours worked	*Please note: If option (c) is selected,
(a) Commencement of permanent part-time employment (PPT).	<ul style="list-style-type: none"> complete 'End date' in the above table
(b) Recommencement to full-time employment after a period of permanent part-time employment.	
(c) Commencement of part-time leave without pay (PTLWOP) for a period of less than 3 months*.	<ul style="list-style-type: none"> ensure employee and employer completes SSS Form 536 <i>LWOP (part-time or full-time)</i> - member's election form. The employee must elect whether they wish to be treated as a part-time employee or a full-time employee for superannuation purposes. If no election is received, the employee is automatically treated as a full-time employee during a period of part-time leave without pay and will maintain their units – this option can also be advised by submitting an Update Member Details (UMD) form via data entry in the employer web login. Where a member wishes to elect for reduced units or the employer/fund requires formalisation of the leave agreement, the SSS 536 form must be used.

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Part 2 Changes in hours worked - SASS

[illegible]

STC E222 05/2025

Employer code	Employer name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I certify that the particulars given are true and complete.	
Name	Signature of authorised officer
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