Payroll Use Only – Employee Number

**MP’s Name** CAPITAL LETTERS **Constituency** CAPITAL LETTERS

**Employee Details**

Title First Name Last Name

Start Date End Date

Reason

**Authorisation & Declaration**

Up to five days per year can be taken at full pay at your discretion. Any additional leave can be taken as annual leave or unpaid leave, which needs to be reported to IPSA. If any additional leave is unpaid, this form should be completed.

* I authorise IPSA to amend the salary of the above mentioned staff member from the date shown

MP’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: Amendments must be received before the 15th of each month. If the 15th falls on a weekend then the payroll cut-off is the previous working day***

**Please email this signed form to** **payroll@theipsa.org.uk****. Alternatively, please send it to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW**

**If you have any questions about completing this form, please call 020 7811 6400 / Option 2.**

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**Payroll use only**

**Keyed by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checked by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**