Payroll Use Only - Employee Number

**MP’s Name** CAPITAL LETTERS

**Constituency** CAPITAL LETTERS

**Employee Details** CAPITAL LETTERS

**Contractual Status**

Title

First Name

Last Name

New end date

Agreement to the above changes

I agree with the above extension to my contract and agree to satisfy my contractual obligation as previous

I authorise IPSA to extend the contract and

employment of the above mentioned employee

from the date shown

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**](mailto: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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Checked by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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