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**

* I authorise IPSA to amend the salary of the above mentioned staff member from the date shown
* I confirm that the staff member concerned is aware that their pay will be adjusted accordingly

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**

**Please send your completed form to IPSA, 4th Floor, 30 Millbank, London SW1P 4DU or place in the drop box in the Members’ Centre in Portcullis House.**

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