# CHANGE IN HOURS WORKED (CIHW)
## RETIREMENT SCHEME

**ACTIVE** SUPER

If **you're an employer**, you can use this form to let us know about the change in hours worked (e.g. full-time to part-time, or part-time to full-time) by an employee who is also a member of the Active Super Retirement scheme.

**You can complete this form by typing directly onto it, or by using a black pen and CAPITAL letters. Use a (✓) to mark boxes.**

You can advise the change in hours worked by:

- Providing a full-time salary for an employee working full-time; or
- Providing both a full-time and part-time salary for an employee working part-time; or
- Providing the full-time hours that would have been worked and the actual part-time hours worked for an employee working part-time; or
- Providing the new salary ratio for an employee working part-time i.e. (part-time salary/full-time salary = salary ratio {to four decimal places})

Changing hours worked will have an effect on the employee's entitlements and the amount of contributions payable to the scheme, so this advice should be remitted as soon as possible to ensure it appears on your next monthly contribution due report.

## 1. EMPLOYEE DETAILS

**1.**

Given name(s)

Family name

Member no.        Payroll no.

Full-time salary or hours worked        Part-time salary or hours worked

New salary ratio

Start date (DD MM YYYY)        End date (DD MM YYYY)

**2.**

Given name(s)

Family name

Member no.        Payroll no.

Full-time salary or hours worked        Part-time salary or hours worked

New salary ratio

Start date (DD MM YYYY)        End date (DD MM YYYY)

**3.**

Given name(s)

Family name

Member no.        Payroll no.

Full-time salary or hours worked        Part-time salary or hours worked

New salary ratio

Start date (DD MM YYYY)        End date (DD MM YYYY)

# 1. EMPLOYEE DETAILS (CONTINUED)

**4.**

Given name(s)

Family name

Member no.

Payroll no.

Full-time salary or hours worked

Part-time salary or hours worked

New salary ratio

Start date (DD MM YYYY)

End date (DD MM YYYY)

**5.**

Given name(s)

Family name

Member no.

Payroll no.

Full-time salary or hours worked

Part-time salary or hours worked

New salary ratio

Start date (DD MM YYYY)

End date (DD MM YYYY)

# 2. EMPLOYER DETAILS

Employer name

Reporting Centre code

**I certify that the details given are true and complete and that I have obtained the necessary consent to disclose personal information to Active Super.**

Signature of authorised officer

Date (DD MM YY)

Name of of authorised officer

# SEND YOUR COMPLETED FORM BACK TO US AT:

**Mail**      Active Super, PO Box N835, Grosvenor Place NSW 1220

**Email**    admin@activesuper.com.au

**GET IN TOUCH**      **t** 1300 547 873  8.30am–6.00pm  (Mon–Fri)      **e** hello@activesuper.com.au      **w** activesuper.com.au      Page **2** of 2

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