**Declaration of Arrears of Contributions Liability**

**Name of Teacher:**

**Ref No:**

**Service Details required for Arrears Calculation:**

**Establishment Number ...../……….**

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| **START DATE DD/MM/YY** | **END DATE DD/MM/YY** | **FT PENSIONABLE SALARY** | **ACTUAL PT SALARY PAID IN PERIOD** | **F/P** | **DAYS EXCLUDED** | **ACTUAL CONTS PAID at the time**  **(EEs)** | **ACTUAL CONTS PAID at the time**  **(ERs)** |
| ***Example***  ***01/04/xx*** | ***31/08/xx*** | ***£30,456*** | ***£1,239*** | ***P*** | ***0*** | ***£91.69*** | ***£204.19*** |
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**Name of Responsible Officer Employer’s Stamp/**

**Address**

**Signature**

**Date**

**Telephone Number**

**Fax Number**