

**EMPLOYER CONFIRMATION OF
JOB RESHAPING
(PARTIAL RETIREMENT)**



Section 1: The Applicant (to be completed by CSP)

Full name / Department

Date of birth:

National Insurance Number:

Payroll Number

1. You have previously agreed that this person can re-shape their job and we have provided them with a partial retirement quote. They have now confirmed to us that they have decided to partially retire taking all or some of their pension. Before we make arrangements to pay any pension you must confirm that the details contained on their **APPLICATION FOR JOB RESHAPING AND PARTIAL RETIREMENT** form that *you* authorised at the start of this process remain correct. **We will not pay pension until we have received your confirmation.**
2. A copy of the **APPLICATION FOR JOB RESHAPING AND PARTIAL RETIREMENT** form completed jointly by you and the applicant is attached.
3. You can make your confirmation by signing and dating this form in the space below and returning it to us at this address (you should keep a copy of the signed form for your files).
4. If there is a change in any of the original reshaped job details which impacts on entitlement to partial retirement a new Job Reshaping / Partial Retirement quote form should be completed and Civil Service Pensions informed accordingly.

▶ **Go to Section 2**

OUR CONTACT DETAILS

Civil Service Pensions
Waterside House
75 Duke Street
LONDONDERRY
BT47 6FP

Section 2: Employer confirmation

I confirm that the details contained in the **APPLICATION FOR JOB RESHAPING AND PARTIAL RETIREMENT** signed jointly by this organisation and the above applicant are correct and that their partial retirement can proceed.

Full name:

Signature:

Position

Date: