**Payroll Provider Information for new admission or where an employer has changed payroll provider**

|  |  |
| --- | --- |
| LGPS Employer name: |  |
| Payroll Provider Name (if not employer): |  |
| Effective date of change if relevant: |  |
| Main payroll contact email address: |  |
| Payroll software (Optional \*): |  |
|  |  |
| Number of monthly paid employees: |  |
| Monthly: Pay date: |  |
| Monthly: Pay period start and end dates: |  |
| Monthly: Paid in advance/in arrears: |  |
|  |  |
| Number of weekly paid employees: |  |
| Weekly: Pay date: |  |
| Weekly: Pay period start and end dates: |  |
| Weekly: Paid in advance/in arrears: |  |
|  |  |
| Number of fortnightly paid employees: |  |
| Fortnightly: Pay date: |  |
| Fortnightly: Pay period start and end dates: |  |
| Fortnightly: Paid in advance/in arrears: |  |

Please email this form to: engagement@localpensionspartnership.org.uk