

**APPLICATION FOR
PAYMENT IN LIEU OF PENSION CONTRIBUTION
AND
SUPPORTING DECLARATION**

Name: _____	
Department: _____	
Start Date: _____	End Date: _____
(Duration must be less than 6 months)	

Declaration

I hereby solemnly declare that I am not currently nor will I for the duration of my teaching term appointment be in receipt of a pension from any source and I, therefore, hereby make application for the 5% adjustment in lieu of pension. I hereby agree and acknowledge that if this information is inaccurate I may be required to repay any monies paid pursuant to this clause.

Signature

Date

Witness