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