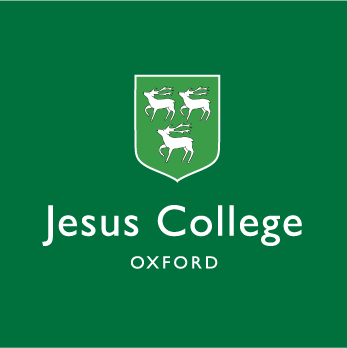
**

NURSERY FEE SALARY SACRIFICE SCHEME

|  |  |  |
| --- | --- | --- |
| **NAME …………………………………………………….. NI NUMBER ………...……………….……..** | | |
| **JOB TITLE** |  | |
| Have you already been offered a place for your child at a University provision? Yes/No  Which University or College nursery provision are you using? …………………………….……………………………  Details of your child/ren: | | |
| Name ……………………………………………… | | Date of Birth |
| Name | | Date of Birth |
|  | | |
| Total number of days required per week for your child/children: | | |
| Total monthly cost of your nursery place/s: ……………………………………. | | |
| Date from which you wish to participate in the scheme:…….…………*(Applications must be received at least one month in advance of a proposed scheme start date)* | | |
|  | | |

I understand and agree:

1. That as a participant of the Nursery Fee Salary Sacrifice Scheme my gross salary will be reduced by an amount that reflects the annual cost of the fees for my nursery place(s). The University will pay the nursery fees direct to the nursery on my behalf and will seek reimbursement from my College. This salary reduction constitutes a formal change to my contract of employment. All other terms and conditions of employment remain unchanged.
2. That if I take a period of unpaid leave (for example during maternity leave or sick leave) or when I am only receiving Statutory Maternity Pay during maternity leave I will have to pay the nursery fee in full direct to the University’s Childcare Services department.
3. That it is a condition of joining the Nursery Fee Salary Sacrifice Scheme that I may only withdraw from the scheme when my child leaves the nursery.
4. I agree to give the University and the Nursery **no less than two months’ notice** when I wish to withdraw my child from the nursery.
5. I am only able to request a change to my nursery requirements once in any 12 month period.
6. I will notify the College at least one month ahead of any change to my nursery costs, this includes inflationary increases and Government funded reductions. Failure to do so could lead to an incorrect deduction being made and problems with the payments to Nursery providers.

I have read, understood and accepted the arrangements above in relation to the salary sacrifice scheme.

Signature of Applicant........................................... Date.................................................

Name *(Print) ……………………………………………………***Please complete this sheet and send it to Human Resources at Jesus College. Please keep a copy for yourself.**