

Workplace Nursery Salary Exchange Contract Variation Form

This Contract Variation form constitutes a further amendment to your terms and conditions and means that you agree for The Midcounties Co-operative Society to change the amount you have agreed to salary exchange, or completely remove you from the scheme, as specified by you below.

Name: Tel:

Home Address:

Postcode:

National Insurance Number: (On your payslip)

Colleague Number: (On your payslip/staff card)

Please complete one of the following sections as applies to your situation:

I hereby request that my salary exchange value be changed as follows:

Current monthly/weekly/4 weekly* salary exchange amount Total £
*(delete as appropriate)

New required monthly/weekly/4 weekly* salary exchange amount Total £
*(delete as appropriate)

Brief description of reason for changing childcare vouchers amount:

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I hereby request that I be removed from the childcare vouchers scheme for the following reason:

Brief description of reason for leaving childcare voucher scheme:

If your above request is accepted by The Midcounties Co-operative Society it is understood that this constitutes a further contractual change to your terms and conditions of employment. You will cease to be entitled to your current salary and current benefit amount. Instead your remuneration package will be restructured as per this request. Please read the following information carefully and sign, date and return to HR for consideration @Your Benefits (Your.Benefits@midcounties.coop).

I have read and understand this Contract Variation form with regard to Workplace Nursery Salary Exchange and agree to these changes being implemented by The Midcounties Co-operative Society. I undertake to notify The Midcounties Co-operative Society in writing, if there are any changes in my personal circumstances or childcare arrangements that would cause me to cease being entitled to this benefit or if I need to change the childcare vouchers amount I receive again. I also confirm that I have read all of the employee information relating to the scheme prior to joining.

Signed (Employee):

Name:

Date: