

B Member's details (to be completed by employer)

Reference number (AGS)

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Address

Suburb/town State Postcode

C Employer details (to be completed by employer)

Employer's name

Employer's address

Suburb/town State Postcode

Case manager's name

Phone

Email

D Employment details (to be completed by employer)

Date of change / /

Nature of change (only complete the boxes relevant to the change):

Pre-reduction fortnightly hours: hours and minutes

New fortnightly hours: hours and minutes

AND/OR

Pre-reduction level:

New reduced level:

You must provide your employee with the **PIP reviews – frequently asked questions for PSS customers** in the [Reviewing a PSS partial invalidity pension quick guide](#).

Has your employee's employment status changed?

Yes No

If Yes, what is your employee's new employment status? Include the evidence listed next to the relevant employment status.

- Formal reduction in hours – part-time agreement
- Informal reduction in hours – delegate's instrument
- Formal redeployment – letter from your agency's delegate regarding the substantive level change and new duty statement
- Informal redeployment – delegate's instrument and new duty statement

