**Verification of service**

|  |  |  |  |
| --- | --- | --- | --- |
| **To be completed by HR department only** | | | |
| **Candidate Reference:** |  | **Candidate Name:** |  |

|  |  |
| --- | --- |
| Name & Address of Employer |  |

**Employee details**

|  |  |
| --- | --- |
| Name of Employee |  |

**Employment details**

|  |  |  |
| --- | --- | --- |
| Exact dates of employment | From: (dd/mm/yyyy) | To: (dd/mm/yyyy) |
| Current Grade: | From: (dd/mm/yyyy) | To: (dd/mm/yyyy) |
| Dates of employment (if different from above e.g. Acting) |  |  |

**Type of employment (please tick relevant box(es)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Permanent** | **Temporary** | **Agency** | **Full Time** | **Part Time** | **Locum** |

**Salary details**

|  |  |  |
| --- | --- | --- |
| Job Title and Grade |  | |
| Salary Scale amount (annual) |  | Salary Scale Point: |
| Allowance(s) (type & amount) |  | |
| Incremental Date |  | |
| If on maximum point, please state date of commencement on this point: |  | |

|  |  |  |
| --- | --- | --- |
| Substantive Grade  (if applicable) |  | |
| Salary Scale amount (annual) |  | Salary Scale Point: |

**Pension**

|  |  |  |
| --- | --- | --- |
| Pension Scheme |  | Pension Code(s): |
| PRSI Class A or D |  | |

**Authority:** Public  Private  Other  If other please explain:

|  |
| --- |
|  |

Please be aware that previous service is subject to certification and may not be reckonable for Service. Self Employed Practice is not eligible for Service.

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  |
| **Email** |  |
| **Contact number** |  |
| **Date** |  |
| **Stamp** |  |

Please return this form to: [**<INSERT**](mailto:%3cINSERT) **EMAIL ADDRESS>**

**Please note information provided may be released under the Freedom of Information Act, 2014**