

Pension Rate of Pay Application Form – HR 114

This form is to be used when you are making application/review of payment of pension rate of pay.
Please complete in Block Capitals/Tick appropriate boxes

NOTE: Payment of Pension Rate shall be for a period of three (3) months and without prejudice to the officer's entitlement to resume duty at any time or retire on grounds of ill health subject to the approval of the Health Services Executive's Occupational Health Physician.

Section 1. To be completed by the employee

Surname:					First Name:									
PPS No					Date of Birth									
Grade					Personnel Number									
Place of Work														
Date of Cessation of Paid Sick Leave														
I wish to apply for the (tick One)					Payment of pension rate of pay <input type="checkbox"/>					Extension payment of pension rate of pay <input type="checkbox"/>				
From					To									
I attach a medical certificate from my Doctor / Consultant outlining the expected date of resuming duty.														
Signed					Date									
Name (print)					Contact Tel No:									

Section 2. To be completed by the Line Manager

Has the applicant been referred to Occupational Health					Yes <input type="checkbox"/>					No <input type="checkbox"/>				
If yes, please attach all relevant reports														
Please provide date of last review by Occupational Health														
Confirmation of Application Details by Line Manager.														
I recommend that this application is:					Approved <input type="checkbox"/>					Rejected <input type="checkbox"/>				
Signature					Date									
Name (Print)					Grade									
Contact Tel No					E-Mail Address									

Section 3. To be completed by the Hospital Manager/ General Manager.

I recommend this application is:					Approved <input type="checkbox"/>					Rejected <input type="checkbox"/>				
Signature					Date									
Name					Grade									
Contact Tel No					E-Mail Address									

Section 4. To be completed by the Asst National Director of HR

I approve this application <input type="checkbox"/>					I refuse this application <input type="checkbox"/>									
Reason for refusal:														
I hereby authorise the line manager to initiate the payment process associated with pension rate of pay.														
From					To									
Signature					Date									
Name					Grade									
Contact Tel No					E-Mail Address									

If Faxing please ensure Employee's Name and Personnel Number are included for each page of form

Name _____ Personnel No. _____

Section 5. To be completed by the Line Manager

Note as the line manager it is your responsibility to:

1. To advise the applicant that their application has been approved / rejected /extended

If approved:

- | | |
|---|-------------------------------|
| 2. to request pensions management to calculate the applicable pension rate of pay | Done <input type="checkbox"/> |
| 3. notify employee of the rate of Pension Rate of Pay to be paid | Done <input type="checkbox"/> |
| 4. make the appropriate arrangement to have the employee paid | Done <input type="checkbox"/> |
| 5. monitor the sick leave of the employee during the period | Done <input type="checkbox"/> |
| 6. advise of all adjustments | Done <input type="checkbox"/> |
| 7. e-mail copy of form to local and National PA | Done <input type="checkbox"/> |
| 8. e-mail copy of form to local Employee Relations | Done <input type="checkbox"/> |

Signed:

Date:

Section 6. To be completed by Local PA/Payroll

- | | |
|--------------------------------|-------------------------------|
| Infotype 2001 Absences Updated | Done <input type="checkbox"/> |
| Wagetype 0051 on Infotype 0008 | Done <input type="checkbox"/> |

Signed:

Date: