

Temporary Rehabilitation Remuneration Form HR114 – Pre 04/09/2023, HSE HR Circular 024/2023.

This form should only be used for employees whose continuous sick leave absence commenced prior to 04/09/2023 and therefore are covered by the transitional arrangements. Where an employee is on sickness absence which commenced prior to the 4/9/2023, the pre existing TRR arrangements will continue to apply for the duration of that episode of sickness absence regardless of when TRR is due to commence. For example, an employee who is on a continuous period of sick leave that commenced prior to 4 September 2023 and is due to move to TRR after 4 September 2023 will be covered by the pre-existing TRR arrangements. The form can also be used to request an extension of TRR for an absence that originally commenced prior to 04.09.2023. HSE HR Circular 005/2014 applies. New episodes of sick leave after 04/09/2023 do not require a form for payment of TRR under the revised arrangements (37.5% of pensionable remuneration).

Please complete in typed format (not handwritten) and Tick appropriate boxes

Section 1. To be completed by the Employee																					
Surname:							First Name:														
PPS No							Date of Birth	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>						
Grade							Personnel Number														
Work Address/Location																					
Home Address																					
Land-Line or Mobile No.							Personal email address														
Date of Cessation of Paid Sick Leave							<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>							
I wish to apply for the (Tick one)			Payment of TRR <input type="checkbox"/>				Extension payment of TRR <input type="checkbox"/>														
From	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	To	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>						
I attach a medical certificate from my Doctor / Consultant outlining the expected date of resuming duty.																					
Signed							Date							<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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, failure to do so will result in delayed payment.																					
If no, please state reason																					
Please provide date of last review by Occupational Health							<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>							
I recommend that this application is:							Approved <input type="checkbox"/>				Rejected <input type="checkbox"/>										
Signature							Date							<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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"/>										
If rejected please state reason																					

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

Name _____ Personnel No. _____

Signature										Date	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
Name					Grade													
Contact Tel No					E-Mail Address													
Section 4. To be completed by the Employee Relations Manager (or equivalent HR Manager at General Manager level in areas without an ERM)																		
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 TRR.																		
From	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	To	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
Signature					Date	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>					
Name					Grade													
Contact Tel No					E-Mail Address													

Section 5. To be completed by the Line Manager													
Note as the line manager it is your responsibility to:													
1. Advise the applicant that their application has been approved / rejected /extended													
If approved:													
2. Request pensions management to calculate the applicable TRR								Done <input type="checkbox"/>					
3. Notify employee of the rate of TRR 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 relevant departments of all adjustments.								Done <input type="checkbox"/>					
7. E-mail copy of form to local Personnel Records								Done <input type="checkbox"/>					
8. E-mail copy of form to local Employee Relations								Done <input type="checkbox"/>					
Signature					Date	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>

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

Name _____ Personnel No. _____



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Temporary Rehabilitation Remuneration Declaration

Declaration under Section 51 of the Public Service Pensions (Single Scheme and Other Provisions) Act 2012

To be completed by persons availing of a Temporary Rehabilitation Remuneration as a member of a Public Service Pension Scheme in Ireland with a commencement date on or after July 28th 2012.

Please indicate if any of the following apply

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1) Are you in receipt of any Retirement Benefit(s) or any Preserved Pension / Lump Sum from any Irish Public Service Pension Scheme? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you entitled to receive any Retirement Benefit(s) or any Preserved Pension / Lump Sum from any Irish Public Service Pension Scheme? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered Yes to either (1) and/or (2) above, please complete details hereunder and furnish a copy of any supporting documentation which you have received from any previous Irish Public Service employers.

Irish Public Service Pension Benefit in Payment / Preserved Public Service Pension Benefit Entitlement	
Description (Benefit Type) e.g. Current/Preserved Occupational Pension and/or Retirement Lump Sum	
Annual Gross Pension Value	€
Annual Preserved Pension Value	€
Number of Years of Accrued Pensionable Service	
Paying Authority	

I hereby declare that the information provided above is complete and correct.

Signed: _____ Name: _____
(Block Capitals)
PPS No.*: _____ Date: _____

*If you have more than one PPS Number, please provide all of your PPS Numbers.