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

Surame:									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 0ne)	Payment of pension rate of pay ☐								Extension payment of pension rate of pay ☐								
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 ◯		No ◯		
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 ☐							Rejected ☐			
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 ☐					Rejected ☐				
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 ☐								I refuse this application ☐			
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 ☐
3. notify employee of the rate of Pension Rate of Pay to be paid	Done ☐
4. make the appropriate arrangement to have the employee paid	Done ☐
5. monitor the sick leave of the employee during the period	Done ☐
6. advise of all adjustments	Done ☐
7. e-mail copy of form to local and National PA	Done ☐
8. e-mail copy of form to local Employee Relations	Done ☐
Signed: **Date:**	
Section 6. To be completed by Local PA/Payroll	
Infotype 2001 Absences Updated	Done ☐
Wagetype 0051 on Infotype 0008	Done ☐
Signed: Date:	