

## Critical Illness Application Form – HR113

**This form is to be used to make an application for extended paid sick leave under the Critical Illness Protocol (HSE HR Circular 014/2018 applies)**

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

### Section 1. To be completed by the Employee

(In exceptional circumstances application for extended paid sick leave may be submitted by a Manager on behalf of the employee)

Surname:					First Name:									
PPS Number					Date of Birth									
Grade					Personnel Number									
Place of Work														
I wish to apply for extended paid sick leave										From Date				
I agree to provide/have provided Occupational Health with a medical report from my treating Consultant.														Yes <input type="checkbox"/>
Signed					Date									
Name (print)					Contact Tel No:									

### Section 2. To be completed by the Line Manager

Applicant has been referred to Occupational Health										Yes <input type="checkbox"/>									
Please attach all relevant reports (any medical certificates/reports should be sent by applicant directly to Occupational Health).																			
Has Occupational Health advised that the Critical Illness Protocol criteria are met										Yes <input type="checkbox"/>					No <input type="checkbox"/>				
Please provide date of last review by Occupational Health																			
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 Senior Manager of service/function (at a minimum of Grade VIII level)

I recommend this application is:										Approved <input type="checkbox"/>					Rejected <input type="checkbox"/>				
If approved, approved on the grounds of:										Occupational Health Recommendation <input type="checkbox"/>					Exceptional circumstances (management discretion) <input type="checkbox"/>				

If recommended for approval on management discretion grounds, please state reason (see Note 1):

If recommended for rejection on management discretion grounds, please state reason (see Note 2):

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 4. To be completed by the Employee Relations Manager or Senior HR Decision Maker of Hospital Group, CHO or corporate/national function at a minimum of Grade VIII level. (Employee Relations Managers who currently fulfil the role of senior HR decision maker in CIP applications should continue to do so)**

I approve this application  I refuse this application

Reason for refusal:

I hereby authorise the line manager to initiate the extension of paid sick leave under the critical illness protocol

From

Signature Date

Name Grade

Contact Tel No E-Mail Address

**Note: As the Decision Maker it is your responsibility to write to employees whose CIP applications have been refused on Management Discretion grounds briefly summarising the matters that were considered (see Note 2).**

Done

**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 (noting that the Senior HR decision maker will write to the employee in respect of CIP applications refused on management discretion grounds).

**If Rejected:**

2. Advise employee of right of appeal

**If approved:**

3. Make the appropriate arrangement to have the employee paid Done

4. Monitor the sick leave of the employee during the period Done

5. E-mail copy of form to local Employee Relations Done

6. E-mail copy of form to HR Department Done

Signature Date

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

Name \_\_\_\_\_ Personnel No. \_\_\_\_\_

Note 1: An overview of the reasons for recommending approval or rejection on Management Discretion grounds will assist the Senior HR decision maker with his or her decision.

Note 2: Under 2.2 of the CIP Managerial Discretion Guidelines (See Appendix B, HSE HR Circular 014/2018), managers are required to communicate the decision in writing to the employee, briefly summarising the matters that were considered. A summary of this information and the reasons for the decision should be captured on Section 3 of the CIP application form. This information can be used in communicating to employees whose application for CIP has been rejected.

Note 2: There are two grounds for appeal for employees under the CIP: appeal of the medical decision and appeal under the Management Discretion provisions. Further details are set out in HSE HR Circular 014/2018 and in the Frequently Asked Questions Document (Appendix 3 of Circular 014/2018). When applications for CIP are refused, the employee should be informed of the right of appeal.

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

## Critical Illness Protocol Declaration

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

To be completed by persons availing of Critical Illness Protocol as a member of a Public Service Pension Scheme in Ireland with a commencement date on or after July 28<sup>th</sup> 2012.

Please indicate if any of the following apply

- 1) Are you in receipt of any Retirement Benefit(s) or any Preserved Pension / Lump Sum from any Irish Public Service Pension Scheme? Yes  No
- 2) Are you entitled to receive any Retirement Benefit(s) or any Preserved Pension / Lump Sum from any Irish Public Service Pension Scheme? Yes  No

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.