Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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 Block Capitals/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 attach a medical certificate from my treating Consultant	Yes ☐		
Signed		Date	
Name (print)		Contact Tel No:	

Section 2. To be completed by the Line Manager

Applicant has been referred to Occupational Health	Yes ☐	
Please attach all relevant reports		
Has Occupational Health advised that the Critical Illness Protocol criteria are met	Yes ◯	No ◯
Please provide date of last review by Occupational Health		
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 Senior Manager of service/function (at a minimum of Grade VIII level)

I recommend this application is:	Approved ◯	Rejected ◯
If approved, approved on the grounds of:	Occupational Health Recommendation ☐	Exceptional circumstances (management discretion) ☐

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

Name _____ Personnel No._____

Section 6. SAP HR System Updated (if application is approved)									
Infotype 2001 Absences Updated								Done ☐	
Subtype 0207								Done ☐	
Signature	Date								

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.

Name _____ Personnel No._____

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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 28th 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.**