

Temporary Rehabilitation Remuneration Form–HR114

This form is to be used to make an application or request an extension/or review of payment of Temporary Rehabilitation Remuneration (TRR). HSE HR Circular 005/2014 applies.
Please complete in Block Capitals/Tick appropriate boxes

Section 1. To be completed by the Employee													
Surname:							First Name:						
PPS No							Date of Birth						
Grade							Personnel Number						
Work Address/Location													
Home Address													
Land-Line or Mobile No.							Personal email address						
Date of Cessation of Paid Sick Leave													
I wish to apply for the (Tick one)		Payment of TRR <input type="checkbox"/>					Extension payment of TRR <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, failure to do so will result in delayed payment.													
If no, please state reason													
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 Hospital Manager/ General Manager.													
I recommend this application is:							Approved <input type="checkbox"/>			Rejected <input type="checkbox"/>			
If rejected please state reason													
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 equivalent HR Manager at General Manager level in areas without an ERM)

I approve this application I refuse this application

Reason for refusal:

I hereby authorise the line manager to initiate the payment process associated with TRR.

From									To								
Signature									Date								
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

Section 6. SAP HR System Updated (if application is approved)

Infotype 2001 / subtype 0220 Absences Updated	Done <input type="checkbox"/>
Wagetype 0051 Infotype 0008	Done <input type="checkbox"/>
Signature	Date

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.