

## 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 (Section 4.2 of HSE HR Circular 005/2014 applies)**

Please complete in Block Capitals/Tick appropriate boxes

<b>Section 1. To be completed by the Employee</b>													
(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 <input type="checkbox"/>						
Signed							Date						
Name (print)							Contact Tel No:						
<b>Section 2. To be completed by the Line Manager</b>													
Applicant has been referred to Occupational Health							Yes <input type="checkbox"/>						
Please attach all relevant reports													
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						
<b>Section 3. To be completed by the Hospital Manager/ General Manager.</b>													
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 <input type="checkbox"/>						
If rejected, please state reason:													
Signature							Date						
Name							Grade						
Contact Tel No							E-Mail Address						
<b>Section 4. To be completed by the Employee Relations Manager (or equivalent HR Manager at General Manager level in areas without an ERM)</b>													
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 extension of paid sick leave under the critical illness protocol													
From													
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. Advise the applicant that their application has been approved / rejected

**If Rejected:**

2. Advise employee of right of appeal

**If approved:**

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

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

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

5. E-mail copy of form to local Personnel Records Done

Signature	Date	D	D	M	M	Y	Y	Y	Y
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**Section 6. SAP HR System Updated (if application is approved)**

Infotype 2001 Absences Updated Done

Subtype 0207 Done

Signature	Date	D	D	M	M	Y	Y	Y	Y
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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.