

# Temporary Rehabilitation Remuneration Form–HR114b

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	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
Grade									Personnel Number										
Work Address/Location																			
Date of Cessation of Paid Sick Leave										<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>		
I wish to apply for the (Tick one)		Payment of TRR <input type="checkbox"/>					Extension payment of TRR <input type="checkbox"/>												
From	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	To	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>		
I attach a medical certificate from my Doctor / Consultant outlining the expected date of resuming duty.																			
Signed										Date		<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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																			
If no, please state reason																			
Please provide date of last review by Occupational Health										<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>		
I recommend that this application is:										Approved <input type="checkbox"/>				Rejected <input type="checkbox"/>					
Signature										Date		<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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		<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
Name										Grade									
Contact Tel No										E-Mail Address									

## 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 <input type="checkbox"/>										I refuse this application <input type="checkbox"/>								
Reason for refusal:																		
I hereby authorise the line manager to initiate the payment process associated with TRR.																		

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

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

From	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	To	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
Signature									Date	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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**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	<u>D</u>	<u>D</u>	<u>M</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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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

## 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 28<sup>th</sup> 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.