



Form of Undertaking (Sick Pay)

Circular Letter 0059/2014 & 0036_2012 set out the Sick Leave Scheme for Registered Teachers in Recognised Primary and Post Primary Schools. You should refer to the relevant circulars and familiarise yourself with the contents. Please refer to the policies area on the Cork ETB website for further information.

Depending on your PRSI Contribution record you may be entitled to payment from the Department of Social Protection in respect of absences under this scheme.

Please sign below to confirm that you have read and understand the conditions and procedures involved in the operation of the sick pay scheme applicable to your position.

Declaration

I, _____ am aware that depending on my PRSI contribution record, I may be entitled to payment from the Department of Social Protection in respect of absences under this scheme.

I acknowledge that payment from the Education and Training Board during absence on sick leave (including absences arising from an occupational injury or disease) will be subject to the following conditions:

- (a) that an amount equivalent to the benefit payable to me under Department of Social Protection regulations will be deducted from salary in respect of such absences.
- (b) that it is my responsibility to inform Cork ETB of any change in circumstances which may have an impact on the amount of benefit payable
- (c) that it is my responsibility to make the necessary claims for social insurance benefit to the Department of Social Protection within the required time limits and will, to the best of my ability, comply with whatever requirements are laid down by that Department as a condition of claiming benefit.

Accordingly, I accept that in order to ensure compliance with the above undertaking and the sick leave regulations, Cork Education and Training Board may be required to make direct contact with the Department of Social Welfare to establish what

payments were made to me, when they were made and the amount and duration of such payments.

I hereby authorise Cork Education and Training Board to make such enquiries.

I understand that any information obtained from the Department of Social Protection will be used only for the foregoing purposes and will not be disclosed to any unauthorised person.

Signed: _____ Date: _____

Name (please print): _____

Employee No: _____

Home Address: _____

PPS No: _____

Note: This form should be completed on initial appointment and forwarded to the Human Resources Dept., Cork Education and Training Board, 21 Lavitt's Quay, Cork.