

APPLICATION FORM¹

FOR ACCESS TO CRITICAL ILLNESS LEAVE (CIP) / TEMPORARY REHABILITATION RENUMERATION (TRR)

In order to be granted CIP/TRR provisions, you must have a critical illness and/or serious physical injury
 CIP/TRR Provisions will only be awarded in exceptional circumstances.

The CIP/TRR Protocols attached must be read in full prior to submitting this form. The protocols provide full details on the criteria required for access to extended sick leave for CIP and TRR.

1. Staff members must submit this application form to Ms. Kathy O'Connell, HR Central Services, UCC.
 2. Applications will be referred to the Occupational Health Provider immediately for consideration.
 3. The Occupational Provider will provide advice to HR as to whether the staff member meets the following criteria for CIP/TRR:-
 - a. The staff member, must be in the opinion of the Occupational Physician medically unfit to return to his/her current duties or (where practical) modified duties in the same pay grade and
 - b. The nature of their medical condition must have at least one of the following characteristics
 - (i) Acute Life threatening physical illness
 - (ii) Chronic progressive illness with well established potential to reduce life expectancy²
 - (iii) Major physical trauma ordinarily requiring corrective acute operative surgical treatment
 - (iv) In-patient hospital care of 2 consecutive weeks or greater³
 - c. For TRR, an employee must have a minimum of 5 years pensionable service and the Occupational Physician must confirm that there is a reasonable prospect of recovery and return to work.
- The period during which TRR is paid is not a period of pensionable service.**
4. On receipt of the advice from the Occupational Physician, HR will consider the application.
 5. HR will write to the staff member to inform them if they have or have not been granted access to CIP/TRR and give reasons for their decision.

Personal Details

Name: _____ **Staff No.** _____ **Date of Birth** _____

Dept _____ **Grade:** _____ **Phone No** _____

Address _____ **Absence Date** _____

Application Declaration

I have read the Critical Illness/TRR Protocols and wish to apply for access to CIP/TRR.

I accept that the allocation of ill-health added years under TRR is without prejudice to any determination of such when final benefits on retirement are decided.

Applicant Signature _____

Date _____

Applications forwarded to Ms. Kathy O'Connell, HR Central Services, Dept of HR, Ground Floor,
 Food Science Building, UCC.

1. This application form must be completed by the person to whom the CIP/TRR will apply if granted.
2. In circumstances where there is no medical intervention.
3. In the case of pregnancy-related illness (natural or assisted pregnancy), the requirement for hospitalisation of two consecutive weeks will be reduced to 2 or more consecutive days of in-patient hospital / clinic care.