

CONCURRENCE FORM FOR MEDICAL RETIREMENT ON THE GROUNDS OF SERIOUS ILLNESS: EMPLOYEE INITIATED

I, the undersigned, request concurrence for the named employee to medically retire on the grounds of serious illness:

Name of Employee: _____

MoE Number: _____ Contact Phone Number: _____

Postal Address: _____

Employee Representative
 Name: *(where applicable)* _____

Contact Phone No.: _____

Name of School: _____

School Number: _____

School Phone Number: _____ School Fax Number: _____

Postal Address: _____

Completion of criteria by employer

Tick as applicable

1 Employee is permanently appointed.

2 Process initiated by employee.

3 I confirm the process for medical retirement on the grounds of serious illness has been duly followed, in accordance with clause 3.12 and Appendix B of the STCA.

3a Medical Evidence

Any application under this provision must be supported by medical evidence from a medical specialist. Evidence from general practitioner(s) must be provided if the services of a medical specialist are unable to be obtained in a timely manner or by virtue of distance.

either:

Medical certificate from medical specialist is attached, supporting this application, including the reasons why the employee is unlikely to be able to wholly or substantially perform his/her duties both currently and in the foreseeable future;

or

Medical certificate from general practitioner(s) attached, stating the reasons why the employee is unlikely to be able to wholly or substantially perform his/her duties both currently and in the foreseeable future;

and

An explanation from the general practitioner of why the employee is unable to get a medical specialist examination.

Signatures:

I, _____ [*name of employee or duly authorised representative*] confirm that the above is true and correct.

Signature of employee or
duly authorised representative:

Date:

I, _____ [*name of employer*] confirm that the above is true and correct and that in signing this application I confirm that I have delegated authority of the Board of Trustees as employer to seek concurrence for medical retirement (serious illness) for the named employee.

Signature of employer:

Date:

Evidence of authorisation attached: Yes Not Relevant

Return form and relevant information marked "confidential" to:

Industrial Relations Unit
Ministry of Education
PO Box 1666
Thorndon
Wellington