

CONCURRENCE FORM FOR MEDICAL RETIREMENT ON THE GROUNDS OF SERIOUS ILLNESS: EMPLOYER 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. | <input type="checkbox"/> |
| 2 | Process initiated by employer. | <input type="checkbox"/> |
| 3 | I confirm the pre-process and process for medical retirement on the grounds of serious illness have been duly followed, in accordance with clause 3.12 and Appendix B of the STCA. | <input type="checkbox"/> |
| 3a | Pre-process | |
| | The employer has provided in writing to the employee the concerns and grounds on which the employer formed a view that medical retirement may be an appropriate option. | <input type="checkbox"/> |
| | The employer has informed the employee she/he is entitled to attend up to three sessions from an employee assistance programme (EAP) and extended to the employee the opportunity to access EAP counselling. | <input type="checkbox"/> |
| | The employee has had the opportunity to attend up to three sessions from an employee assistance programme (EAP) and access to EAP counselling. | <input type="checkbox"/> |
| | The employer outlined the medical retirement process should the employer proceed with the process. | <input type="checkbox"/> |
| | The employer has informed the employee of his/her right to have a representative. | <input type="checkbox"/> |

3b Initiation of process

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