



Verification of Service for Pension Purposes

Part 1 – Information Notes To Be Read Before This Form Is Completed.

School Authority

The completed form must be returned to the teacher by the School Authority.

Periods of Service

1. Only periods of PAID non-incremental service to be listed – i.e. where the non - teacher was paid directly by the school e.g. Substitute, Part-time.
2. Part-time service must be shown in periods of unbroken service. The minimum period reckonable is a week in which 10 hours was assigned to the non- teacher in any **ONE** school. It is not possible to combine a series of part time non - teaching service to equate to the 10 hours per week requirement.
3. The completed form should include actual dates worked and hours worked (*as appropriate*) per week.

Time-tabled Hours per Week

List only the periods of employment in which the non- teacher was assigned at least **ten hours of time-tabled class contact**.

Signatory

This certificate **MUST** be signed by a duly authorised representative of the management authority of the school **in which the service was rendered**.

NON TEACHING STAFF

1. This form must be completed and verified by the school authorities in which your service was provided.
2. In the event, that the school authorities do not hold records of your service , the school must provide written explanation for the non availability of the required records.
3. Self- certification of service provided is not accepted. Verification of service provided must be provided. Where the school authorities cannot provide such verification, confirmation of employment in such schools from the Revenue Commissioners or the Department of Employment Affairs and Social Protection can be accepted.



Part 2 – For completion by NON- TEACHER

Name	
Date of Birth	
PPS Number	
Payroll Number	
Qualifications Held	
Current Postal Address	
Telephone Contact Number	
Email Address	

To the School Authority / CEO of _____ School

To the best of my recollection, I was working in the above named school for the following periods:

From	To	Subject(s)	Hours per week	Category of contract

I would be grateful if you would check the school records regarding this service and complete Part 3 of this form and return it to me at my address.

Signed _____ **Date :** _____



Part 3: To be completed by the certifying School Authority

School Roll No.: _____

Name: _____

PPSN: _____

I certify that the details of service listed below in respect of the above named former employee are in accordance with the records of paid employment for this school, available for audit purposes, and are true and correct in all respects to the best of my knowledge and belief.

Period of Service		Employment Category	Time Tabled Hours per week	Reason for appointment
Start Date	End Date			If replacing an existing post holder, please name the post holder.

Signed: _____

Dated: _____

Name (Capitals) _____

Official School / ETB Stamp

Position Held: _____

Chairperson / Secretary, Board of Management / Manager / Chief Executive Officer, ETB