



Verification of Service for Pension Purposes

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

Notes for 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, they must provide written explanations for the non-availability of the required records.
3. Where the school authorities cannot provide verification, clear confirmation of employment in such schools may be accepted from the Revenue Commissioners or the Department of Social Protection.

Notes for School Authority/ETB

The completed form must be returned to the Non-Teaching staff member by the School Authority.

Periods of Service

1. Only periods of PAID non-incremental service to be listed – i.e. where the non – teaching staff member 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 employee in any **ONE** school. It is not possible to combine a series of part time non - teaching service periods to add up to the 10 hours per week requirement.
3. The completed form should include actual dates worked and actual hours worked (*as appropriate*) **per week**.
4. Where the School Authority does not hold employment records for the employee, the school authority must inform the Department in writing of the reason why no such records exist.

Time-tabled Hours per Week

List only the periods of employment in which the employee 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.



Part 2 – For completion by NON-TEACHING STAFF MEMBER

Name

Date of Birth

PPS Number

Current Postal Address

Telephone Contact Number

Email Address

To the School Authority / CEO of _____ School

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

From	To	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.: _____

Employee 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 Status (WHT/PT/ Substitute)	Time Tabled Hours per week	Reason for appointment
Start Date	End Date			If replacing an existing post holder, at the time, please name the post holder.

Signed: _____

Dated: _____

Name (Capitals) _____

Official School / ETB Stamp

Position Held: _____

Chairperson / Secretary of the Board of Management / Manager / Chief Executive Office of the ETB





Data Protection Privacy Statement

The **main purpose** for which the Department requires the personal data provided by you is to establish whether or not the non-teaching service you have provided in the named School/ETB is eligible for pension purposes.

The personal data provided may be exchanged with the relevant School Authority/ETB as determined by legislation. The privacy notice outlining further information in relation to this form can be found at:

<https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notice/>

Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at:

<https://www.gov.ie/en/organisation-information/20f6e1-protecting-personal-data-in-the-department-of-education-and-skills/>

Details of this policy and privacy notice are also available in hard copy from the address below upon request.

Where to send my form

Send this form together with any additional required documentation to:

Pension Unit
Department of Education
Cornamaddy
Athlone
Co. Westmeath
N37 X659

Email: pensions@education.gov.ie

Telephone: 090 648 4189

If you are phoning from outside
the Republic of Ireland please call + 353 90 648 4189