

## Verification of Teaching Service for Pension Purposes

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

#### Teacher

To be completed by teacher BEFORE submitting this form to the School Authority / ETB.

If you have given teaching service in more than one school a separate form must be completed in respect of each school.

Teachers must grant permission to the Teaching Council for their details to be accessible on the website of the Teaching Council in order for this Department to verify teacher's qualifications. This facility can be enabled on the 'My Registration' section of the Teaching Council's website [www.teachingcouncil.ie](http://www.teachingcouncil.ie).

#### 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 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 **at least 9 hours** was assigned to the teacher in any **ONE** school. It is not possible to combine a series of part time teaching service to equate to the nine hours per week requirement.
3. The completed form should include actual dates worked and hours worked (*as appropriate*) per week.
4. Where service is being claimed for the H Dip year, the form should separately and clearly show (i) hours which were completed as part of the **Higher Diploma** training and (ii) hours which were paid by the school in a substitute capacity. Hours worked as an integral part of **Higher Diploma** training are **not** reckonable for pension purposes.

#### Time-tabled Hours per Week

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

#### 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 TEACHER**

Teachers Name

Date of Birth

PPS Number

Payroll Number

Teaching Council Registration  
Number\*\*

Qualifications Held

Year in which H/Dip was awarded

Current Postal Address

Telephone Contact Number

Email Address


\*\* If your Registration details are not accessible to the Department, this form will be returned to you.

To the School Authority / CEO of \_\_\_\_\_ School

To the best of my recollection, I taught 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.: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Teacher 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	Subject(s)	Qualified Service Provided	Unqualified Service Provided
Start Date	End Date					

**Note:** Service given as part of a **Higher Diploma in Education** training are **not** reckonable for pension purposes and should be listed separately from all other service provided.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name (Capitals) \_\_\_\_\_

Position Held: \_\_\_\_\_

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

Official School / ETB Stamp

