

# POST OF RESPONSIBILITY APPOINTMENTS IN ACCORDANCE WITH CIRCULAR 44/2019 (Form POR 1)

This form should be used to inform the Department of Education and Skills of new appointments and amendments to Posts of Responsibility only which occur during the school year.

**1. School Details (BLOCK CAPITALS)**

School Roll No.:  School: \_\_\_\_\_ Telephone : \_\_\_\_\_

**2. Details of PERMANENT appointments to PRINCIPAL AND DEPUTY PRINCIPAL posts of responsibility made during the current school year**

Name of Teacher	PPS Number	Appointed to Post of:	State if new post otherwise name & PPSN of teacher being replaced	Date of Appointment

**3. Details of ACTING appointments to Principal and Deputy Principal made during the current school year.**

Name of Teacher	PPS Number	Appointed to Acting Post of:	Date Appointed From	Date Appointed To	Name of Teacher being replaced	PPS Number	Reason for Acting Appointment

**4. Details of PERMANENT appointments to Assistant Principal (AP1) and Assistant Principal (AP2) posts of responsibility made during the current school year**

Name of Teacher	PPS Number	Appointed to Post of:	State if new post otherwise name & PPSN of teacher being replaced	Date of Appointment

**5. Details of ACTING appointments to Assistant Principal (AP1) and Assistant Principal (AP2) posts of responsibility (this should be completed in conjunction with the declaration below).**

Name of Teacher	PPS Number	Appointed to Acting Post of:	Date Appointed From	Date Appointed To	Name of Teacher being replaced	PPS Number	Reason for Acting Appointment

**6. Details of RETIREMENTS/RESIGNATIONS from Post of Responsibility duties in the current school year**

Name of Teacher	PPS Number	Post Held	Date Left Post

**Form of Undertaking in respect of Acting Assistant Principal (AP1) and Assistant Principal (AP2) posts of responsibilities**

*I certify that the teacher(s) listed above have been engaged on a fixed purpose contract by the Board of Management to perform the post of responsibility duties on an acting basis. This contract is in respect of cover for the same absence and has been performed continuously by the same acting post holder.*

Signed: \_\_\_\_\_  
Chairperson of BOM

Date: \_\_\_\_\_

Return Form to: **Department of Education and Skills, Primary Payroll Division, Cornamaddy, Athlone, Co. Westmeath**

**Data Protection**

The Department of Education and Science will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A. If the information you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought here.