EMPLOYEE APPLICATION FOR CRITICAL ILLNESS PROVISIONS (CIP)

Dear Employer,

I wish to apply for CIP in accordance with the provisions of the Sick Leave Scheme as detailed in Department of Education and Skills publications.

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| --- | --- |
| Name: |  |
| Home Address: |  |
| Date of Birth: |  |
| Contact No.: |  |
| School Name: |  |
| School Roll No.: |  |

The granting of CIP is a decision made by the employer having considered the OHS medical advice.

**Employee Signature** **Date**