GOVERNMENT OF JAMAICA

**Application for Retiring Benefit/ Linkage for Teachers**

**INSTRUCTIONS:**

1. This form is to be completed in **BLOCK CAPITALS** using black or blue ink.
2. Tick (✓) boxes where applicable.

**M.E. File No.**

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| PERSONAL PARTICULARS |
| **SURNAME GIVEN NAME(S) MAIDEN NAME** |
| **Title**: [ ]  Mr. [ ]  Mrs. [ ]  Miss [ ]  Dr. [ ]  Other *(Please state)*  |
| **Date of Birth**Click to enter DOB | **Date of Retirement**Click Retirement Date  | **Age at Retirement**yy mm dd |
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| EMPLOYMENT PARTICULARS |

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| --- | --- | --- |
| **Reason for Retirement** | **Start Date of Registered Service**  | **Total Registered Service** |
| Choose an item. | Click to enter a date | yyyy mm dd |
| **Period from commencement of Registered Service to Retirement** | **Indebtedness to Government** |
| Amount | Reason for Indebtedness |
| yyyy mm dd | Enter amount | State type of indebtedness |

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| **Registered Service in Schools or Educational Institutions in Jamaica** |
| SCHOOL | PARISH | DATES | **Yrs** | **Mths** | **Dys** |
| From | To |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |
| Enter name of School here. | Choose Parish | enter date | enter date | click | click | click |

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| **Service in Approved Schools[[1]](#footnote-1) other than Jamaica** |
| SCHOOL | COUNTRY | DATES | **Yrs** | **Mths** | **Dys** |
| From | To |
| Enter name of School here. | Name of Country | enter date | enter date | click | click | click |
| Enter name of School here. | Name of Country | enter date | enter date | click | click | click |
| Enter name of School here. | Name of Country | enter date | enter date | click | click | click |

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| PARTICULARS OF NO-PAY LEAVE |

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| **No-Pay Leave – For Study**  |
| INSTITUTION | COURSE | DATES | **Yrs** | **Mths** | **Dys** |
| From | To |
| Enter name of Institution | Course Name | enter date | enter date | click | click | click |
| Enter name of Institution | Course Name | enter date | enter date | click | click | click |
| Enter name of Institution | Course Name | enter date | enter date | click | click | click |

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| **Other No-Pay Leave**  |
| TYPE OF LEAVE | SCHOOL | DATES | **Yrs** | **Mths** | **Dys** |
| From | To |
| Enter Leave Type | School Name | enter date | enter date | click | click | click |
| Enter Leave Type | School Name | enter date | enter date | click | click | click |
| Enter Leave Type | School Name | enter date | enter date | click | click | click |

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| SALARY PARTICULARS |

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| **STATEMENT OF PENSIONABLE EMOLUMENTS** *(Last 3 Years of Teaching Service Prior to Retirement)* |
| DATES | **GRADE & POST**OF TEACHERS | **SALARY****$** | **DESCRIPTION OF ALLOWANCE** | **ALLOWANCE****$** | **TOTAL****$** |
| **FROM** | **TO** |
| enter date | enter date | enter post |       | Allo. Name  |       |       |
| enter date | enter date | enter post |       | Allo. Name  |       |       |
| enter date | enter date | enter post |       | Allo. Name  |       |       |
| enter date | enter date | enter post |       | Allo. Name  |       |       |
| enter date | enter date | enter post |       | Allo. Name  |       |       |
| enter date | enter date | enter post |       | Allo. Name  |       |       |
| enter date | enter date | enter post |       | Allo. Name  |       |       |
| enter date | enter date | enter post |       | Allo. Name  |       |       |

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| TO BE COMPLETED BY APPLICANT |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose permanent address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ review the information above and same is satisfactory.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature of Applicant

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| **TO BE COMPLETED BY HEAD OF DEPARTMENT** |

I certify that the particulars contained in this form are correct to the best of my knowledge and belief and that the applicant discharged his/her duties with diligence and fidelity to my satisfaction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Name of Officer Signature

1. Service as a Teacher in one or more schedule territories pursuant to Regulation 44 and Part V of the Pensions (Public Service) Act [↑](#footnote-ref-1)