A logo with a yellow circle and blue text

Description automatically generatedGOVERNMENT 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.**

|  |  |  |
| --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |

|  |
| --- |
| TO BE COMPLETED BY APPLICANT |

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

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

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

Date Signature of Applicant

|  |
| --- |
| **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)