

Main Redeployment Panel Update Form for the 2014/15 school year

Name of Panel you are on : _____

Insert Name of: Catholic Diocese, C of I/Presbyterian United Diocese, Educate Together, An Foras Patrúnachta or Special National Panel) e.g. Dublin Catholic Diocese

In order to arrange the removal of your name from the Main Redeployment Panel, this form must be returned to: **Primary Teacher Allocations Section, Department of Education and Skills, Cornamaddy, Athlone, Co Westmeath.** The Patron of your school must be notified when this Panel Update Form (PUF) is being returned.

Your decision to leave the Panel cannot be reversed and must therefore be considered carefully. Other than when seeking a maternity exemption, it is advisable to possess a written/email offer of employment before making a final decision.

Teacher's Name: _____ PPSN: _____

Roll Number for School you are currently based in: _____

Please circle **ONE** of the numbers below and insert the relevant information.

1. I wish to have my name removed from the Panel as I have secured a permanent post located in _____ (insert school roll number)
2. I wish to defer my panel rights for the next full school year as I am a permanent teacher/CID teacher and have secured a fixed term post in _____ (insert school roll number).
3. I wish to defer my panel rights for the next full school year as I am availing of an approved career break / secondment / job-sharing arrangement (delete as appropriate)
4. I wish to be exempt from the panel for 6 months prior to the birth of my baby and to the end of my maternity leave/to the end of my adoptive leave. My (expected) date of confinement/or date of placement is _____ I confirm that medical evidence/evidence of adoption has been provided to my school to support this.
5. I wish to have my name removed from the Panel because _____

Any further information:

I confirm the above information to be true and accurate.

(Signature of Teacher) _____

Date: _____

I am satisfied that the above information is accurate.

(Signature of Chairperson of the school in which the above teacher will be employed for the 2014/15 school year)

Date : _____

Contact Phone No : _____

E.Mail Address: _____