Guidelines on Referral to Occupational Health & Ill Health Retirement Procedures

Human Resources
January 2009
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Referral to Occupational Health & Ill Health Retirement Procedure

This guideline document is designed to assist personnel practitioners in the procedure to be used in referring employees to Occupational Health, as follows:

1. Line management notify Board personnel representatives with a request to refer an employee to Occupational Health (OH). Line manager (LM) and/or Board personnel representatives meet with the employee to notify them that they are being referred to OH and that an appointment letter will be sent to them by OH. If the employee is unable to attend the meeting with LM/Board personnel representatives then a home visit might be arranged or if this is not feasible, the employee may be notified by letter.

2. Board personnel representatives complete PER/ME/1, Request for OH Appointment, (appendix 1), ensuring that the necessary attachment is enclosed and forwarded to OH. The attachment is:-
   - Absence record for the last year.

3. On receipt of the above referral to OH form the Occupational Health Adviser (OHA) will assess each case on an individual basis and advise the most appropriate course of action accordingly.

4. OH to send out an appointment letter to the employee.

5. Employee attends OH and if felt that further medical information is required, consent will be gained from the employee to request a report from their GP/Consultant.

6. The Occupational Health Adviser/Physician undertakes a consultation with the employee.

7. Occupational Health sends a report to Board personnel representatives answering any work related questions which have been included in the referral memo/form, including information and advice appropriate to the circumstances and nature of the condition.

8. Board personnel representatives will inform the relevant manager of any impact of a medical condition on the employee’s ability to carry out the duties of their job, and of any restrictions/adjustments which are required.

9. In the event that the Occupational Health Physician indicates that they would be willing to support ill health retirement, the procedure detailed
below will be followed. In the case where ill health retirement is not an option, but the employee is unable to carry out the full range of duties of their current post, job adjustment or redeployment should be considered. Please refer to the Policy and Procedure for the Managing Change available on the AVJB directory. At this stage it may be useful to contact the Disability Employment Adviser at Ayr Job Centre tel 666319 for advice on any support mechanisms they may be able to provide. The redeployment process shall extend to a maximum period of 6 months which is considered to be a reasonable period in which to exhaust such efforts. Salary preservation does not apply.
Ill Health Retirement

Where an employee is being referred to OH, and there are reasonable grounds to believe that this may result in an ill health retirement, Board personnel representatives may request provisional figures from SPFO as this will allow the employee to make a decision on any commutation they may wish to make (appendix 2).

2. Board personnel representatives must meet with the employee (appendix 6) to complete part 1 of form S9, (appendix 4), and the Members Declaration Form, (appendix 5). These forms should be sent out to the employee for completion prior to the meeting which should be held as soon as possible. If the provisional figures from SPFO are available the employee can make a decision on commutation and this forwarded to SPFO as soon as possible as no commutation can be arranged after the retirement date. This meeting should take place before the Occupational Health Physician has made a decision.

3. Where the Occupational Health Physician believes that the employee meets the criteria of ill health retirement then he/she will complete the S18 form, (appendix 3) and forward to Board personnel representatives along with a report on their recommendation.

4. When confirmation is received from the Occupational Health Physician the employee must be informed that they are being retired on grounds of ill health and they have the right to appeal to the Assessor who may question Occupational Health on their recommendation for ill health retirement. This is a legislative requirement under the Employment Act 2002 (Dispute Resolution) Regulations 2004 and associated provisions in the Employment Act 2002.

5. Board personnel representatives forward the S9 to Payroll, see sample letter (appendix 8). The date on the S9 form must correspond to the date on the Members Declaration Form. The completed Members Declaration Form, commutation decision and S18 form must be forwarded immediately to Strathclyde Pension Fund Office.

6. A letter should be sent to the employee with details of termination date, number of weeks in lieu of notice and wishing them well. Copy of this letter to the Payroll Manager at County Buildings, please see sample letter (appendix 9).

7. In cases where the employee wishes to pursue ill health retirement, and the Occupational Health Physician does not support this, Board personnel representatives will inform the employee in writing explaining their right to appeal. The employee should write to the Chief Pensions Officer, SPFO containing a brief history of the claim and the reason why the employee feels there are grounds for an appeal.

8. In support of this ill health retirement procedure it may be useful to refer to the following Board policies that are available on the AVJB directory.

Policy and Procedure for Managing Change.
Policy and Procedure for Managing Absence and Improving Attendance
Appendix 1

REFERRAL TO OCCUPATIONAL HEALTH

OCCUPATIONAL HEALTH DEPARTMENT
SOUTH AYRSHIRE COUNCIL
12 BATH PLACE
AYR
KA7 1DP

To be completed by Board personnel representative

Date received by
Occupational Health

Employee Details:

<table>
<thead>
<tr>
<th>Employee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Employee Number</td>
<td></td>
</tr>
<tr>
<td>Home Telephone</td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone</td>
<td></td>
</tr>
<tr>
<td>Work Telephone</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

Post Details:

<table>
<thead>
<tr>
<th>Job Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td></td>
</tr>
<tr>
<td>Location of Post</td>
<td></td>
</tr>
<tr>
<td>Type of Post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permanent</td>
</tr>
<tr>
<td></td>
<td>Contractor</td>
</tr>
<tr>
<td></td>
<td>Full Time</td>
</tr>
<tr>
<td></td>
<td>Part Time</td>
</tr>
<tr>
<td></td>
<td>Job Share</td>
</tr>
<tr>
<td></td>
<td>Sessional</td>
</tr>
<tr>
<td></td>
<td>Temporary</td>
</tr>
<tr>
<td></td>
<td>Casual</td>
</tr>
</tbody>
</table>

Please tick all above which apply
Please describe below the principal duties of the post:

Please tick the reason for referral:

- Recurrent short term absence – non recurrent cause
- Recurrent short term absence – single cause
- Long term sickness absence
- Health conditions which may be exacerbated by occupational exposure
- Investigation of workplace injury/illness
- Identify limitations of ability to undertake work tasks
- Concerns regarding change in behaviour
- Other (please specify)

Supplementary job task profile of exposure levels
(please tick as appropriate: information gained from employee line manager)

<table>
<thead>
<tr>
<th>Rate of exposure (working day)</th>
<th>Never 0%</th>
<th>Rarely 30%</th>
<th>Frequently Up to 60%</th>
<th>Constantly Over 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fork lift truck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lone working</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremes of temperature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift/night work/on-call duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision of staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer/DSE work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-DSE desk work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to hazardous substances (solvents/liquids etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalation exposure to hazardous substances (solvents/liquids etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other hazards – hazardous dirty waste</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rate of exposure (working day)

<table>
<thead>
<tr>
<th>Never 0%</th>
<th>Rarely 30%</th>
<th>Frequently Up to 60%</th>
<th>Constantly Over 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7
<table>
<thead>
<tr>
<th>Health and Safety Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ionising radiation</td>
</tr>
<tr>
<td>Lasers</td>
</tr>
<tr>
<td>Manual handling</td>
</tr>
<tr>
<td>Crawling/crouching/kneeling</td>
</tr>
<tr>
<td>Sitting/standing/stopping/twisting</td>
</tr>
<tr>
<td>Reaching above shoulder height</td>
</tr>
<tr>
<td>Climbing heights – steps ladders</td>
</tr>
<tr>
<td>Working at heights – scaffold/roof work</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

Please describe the nature of the problem which has initiated referral to OH:

Please tick all questions which you wish answered by OH:

1. Is the employee fit for work?  
2. When will the employee become fit to work?  
3. Is the employee likely to have further absences due to this illness  
4. Is the medical problem likely to be caused or made worse by current work activity?  
5. Is the Disability Discrimination Act (1995) likely to apply?  
6. Would the person benefit from redeployment if this is available?  
7. What support, if any, should be provided to aid the employee back to work  
8. Is there an underlying medical condition, which could account for these absences?  
9. Does the employee meet the criteria for ill health retriwal?
Board personnel representative contact details

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Phone number:</td>
<td></td>
</tr>
<tr>
<td>Referring BP contact signature</td>
<td></td>
</tr>
<tr>
<td>Date of referral</td>
<td></td>
</tr>
</tbody>
</table>

Referral Process Checklist

| The referring Board Personnel Representatives have discussed the reason for the OH referral with the employee |  |
| I will provide the employee with a copy of this form at his/her request |  |
| I have completed all relevant sections within this referral form, specifying the particular question which I require OH to answer |  |
| I have attached the employee’s past sickness absence details (where applicable/available) for the past year |  |
Dear Sir / Madam

Urgent Ill Health Retiral

Provisional Calculation  <Employee Name, Address & NI Number>

I would be obliged if you could let me have a provisional calculation as quickly as possible for the above named employee, who may be retiring on the grounds of ill health.

I should be obliged if you could supply me with the relevant figures in relation the employee below:

Name: -
Address: -  <Including Postcode>
NI No: -
DOB: -
Start Date: -  <Employee continuous service date>
Marital Status
Weekly Wage/Salary: -
Proposed Retirement Date: -

Many thanks for your assistance in this matter.

Yours faithfully
Appendix 3

STRATHclyde PenSion Fund
Administered by Glasgow City Council

Pension Fund Office
The Local Government Superannuation (Scotland) Regulations
Employee Applying to be Retired on Ill-Health Grounds
Medical Report by Employing Authority’s Medical Adviser

Note for the information of the Medical Adviser:—
The above Regulations allow the payment of an annual pension for life and a lump sum payment where a
pensionable employee in the Local Government Superannuation Scheme is incapable of discharging
efficiently the duties of the employment by reason of PERMANENT ill-health. In most cases, not only are
benefits paid earlier than normal but also an addition to actual service in the Scheme is awarded.

PART 1

<table>
<thead>
<tr>
<th>Authority</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Forename(s)</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Nature of duties</td>
</tr>
<tr>
<td>N.I. Number</td>
<td></td>
</tr>
</tbody>
</table>

The above-named pensionable employee of this Authority has passed to me a letter from his/her general
medical practitioner indicating that, in the doctor’s opinion, the employee is incapable of discharging
efficiently his/her duties by reason of permanent ill-health. A copy of the doctor’s letter is enclosed.

I should be obliged if you would confirm whether or not you agree with the doctor’s opinion.

Signed .............................................................

(Employing Authority Official)

Telephone No. for enquiries ..........................

Enclosure Dated .................................................

PART 2

MEDICAL REPORT (not to be detached)

I................................................................. of ..................................................

a duly qualified Medical Practitioner, hereby certify that I have examined ..................................................

of .................................................................employed as a ..................................................

.................................................................by the above Authority and find him/her to be suffering from ..................................................

.................................................................

(please indicate, in full, the nature of the infirmities)

In my opinion this employee **IS** PERmanently incapable of discharging his/her duties.

Signed .................................................................

IS NOT

Dated .................................................................

*Please delete as appropriate.

Note: The ENTIRE form, when completed by the Medical Adviser, to be returned to the employing authority for
onward transmission to Strathclyde Pension Fund Office, Charlotte House (2nd Floor), 76 Queen Street,
Glasgow G1 3DN.
STRATHCLYDE PENSION FUND
(Administered by Glasgow City Council)

PENSION FUND OFFICE

The Local Government Superannuation (Scotland) Regulations

NOTIFICATION OF RETIRAL ON ILL-HEALTH GROUNDS

Authority ........................................................................ Department .................................................................
Surname ........................................................................ Forename(s) ........................................................

A medical report is attached (form S.18) in which the Council's medical adviser certifies that the above-named
pensionable employee is incapable of discharging efficiently the duties of his/her employment by reason of
PERMANENT ill-health or infirmity. The incapacity is NOT attributable to an injury sustained or a disease
contracted in the actual discharge of duty. (Note: Where incapacity IS attributable to a duty-related injury or
disease this form should be used. However, in such a case, the employing authority should also communicate,
in writing, with the Strathclyde Pension Fund Office outlining the circumstances).

Having regard to this medical advice I hereby certify that the Authority has decided that the employee should
be retired on ill-health grounds on .................................................................

Information, for the calculation and payment of superannuation benefits due, is supplied overleaf.

Signed ........................................................................ Designation ........................................................
(employed Authori ty Official)

Telephone No. for enquiries ..............................................

Dated ..............................................................................

Enclosure: Form S.18

Notes: (i) The entire form to be FORWARDED to The Strathclyde Pension Fund Office, Charlotte House (2nd
Floor), 78 Queen Street, Glasgow G1 3DN. Part 1 to be completed by the Employee and Part 2 by
the Pay Office.

(ii) Please give the Pension Fund Office as much notice as possible of this retiral.
### Part 1  To be completed by retiring employee

The following Bank Details are supplied for the purpose of payment of my Pension:

**NOTE:** Your Pension will be paid by Credit Transfer on the 15th of each month in respect of the calendar month.

<table>
<thead>
<tr>
<th>Home address</th>
<th>Employee's Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Spouse's Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post Code</th>
<th>Date of Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Telephone No.</th>
<th>Date of Divorce</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse's Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Name of Bank or Building Society

Branch

Sorting Code Number

Account Holder's Name

Account Reference Number

Building Society Account Reference Number

Employing Authority

Department

Date

Signature  
(Do not print your name)
STRATHCLYDE PENSION FUND
(Administered by Glasgow City Council)
PENSION FUND OFFICE

Part 2 To be completed by appropriate pay office

Rate of Pay DURING the year ending ........................................... (See Front Page)

Payroll Reference Number .............................................................

N.I. Number

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate of Pay (annual salary/weekly wage)</th>
<th>Bonus (State period covered)</th>
<th>Other Superannuable emoluments (State source and amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
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<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

Are the above rates lower than rates earned in either the second or third last years of work? YES/NO

On *Full Pay/Half Pay/No Pay from ..........................................

Hours worked per week [ ] Full-time hours (if different) [ ]

National Insurance Contracted Out Earnings
(if available at date of retirement)

To date of leaving this Fiscal Year £.................................

Previous Fiscal Year £.............................................

Date .......................................................... Signed .............................................

Tel. No. for Enquiries ................................................ Designation .............................................

* Delete as appropriate.
STRATHCLYDE PENSION FUND (SPFO)  
MEMBER DECLARATION FORM

Name  
NI No:  
Employer  
Post Number:  
Date of Retirement:

Before SPFO can pay any of your pension benefits, we have to check that all your pension benefits added together do not exceed the maximum level set by Her Majesty’s Revenue and Customs (HMRC). To do this we need full details of all other benefits that are either currently in payment or that you are entitled to.

Listed below are benefits that we do not need to know about on this form:

- State Pension
- State Pension Credit
- Spouse’s or Dependant’s Pensions
- Pension Benefits that you are not planning to start taking until after the date of retirement shown at the top of this form.

Please now answer the following questions:

### Question 1: Your other pension benefits

Ignoring the types of benefit listed above, have you got any other pension rights? You should answer no if you have already transferred these to Strathclyde Pension Fund

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If you have answered NO to Question 1, please sign the declaration on page 2 of this form. There is no need to answer any further questions.

If you have answered YES to Question 1, please continue with Question 2…

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Ignoring the types of benefit listed above, are you receiving any pension benefits that came into payment before 6 April 2006?

If YES, please confirm the current annual total amount of pension you receive from all sources added together (before deduction of tax). Please write the total amount in the box to the right:

| £ |

### Question 3: Pensions that came into payment after 5 April 2006 but before the date of retirement shown on the top of this form

Ignoring the types of benefit listed above, are you receiving any pension benefits that came into payment after 5 April 2006 but before the date of retirement shown on the top of this form?

| Yes | No |
If YES, you should have been provided with a statement from your other schemes that tells you how much of your Lifetime Allowance you have already used up. The statement(s) or copies should be sent back with this form.

**Question 4: Pensions from other sources coming into payment on the same date as your date of retirement (as shown on the front of this form)**

<table>
<thead>
<tr>
<th>Name of Scheme/Policy Number</th>
<th>Contact Details</th>
<th>Order in which taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strathclyde Pension Fund</td>
<td></td>
<td>(eg 1st, 2nd, 3rd etc)</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES, you need to confirm the order in which benefits will be taken from each scheme. This is particularly important if you are likely to exceed your Lifetime Allowance, as the order which benefits are taken will determine which scheme(s) will be responsible for settling any tax liability.

**Question 5: Enhanced Lifetime Allowance factors and Primary Protection entitlement (for people who exceed the Lifetime Allowance)**

Have you applied for **and been granted** an Enhanced Lifetime Allowance factor or Primary Protection entitlement?  
If YES, please send me a copy of the certificate from HMRC that confirms your entitlement to protection. We cannot apply protection to your benefits without first seeing your certificate.

**Question 6: Transfers made to an overseas scheme**

Have you previously transferred any benefits to an overseas scheme? We only need to know about any transfers that took place on or after 6 April 2006.

If YES, we need to know the date(s) of the transfer(s) and the amount(s) transferred. Please complete this information on a separate sheet.
DECLARATION – everybody must complete this section

The information I have given on this form is correct and complete to the best of my knowledge. If further tax liability becomes payable because the information I have provided is incomplete, I understand I will be personally liable for the tax charge due and any penalty that HMRC may impose.

Signed: _________________________________________ Date: _________________

You must complete and return this form BEFORE we can pay any pension benefits to you.

Changes to Government Tax Rules.

On the 06.04.2006 the tax regulations relating to pension schemes are changing.

How does this affect retiring members?

• All members who retire after the 05.04.2006 must complete a Strathclyde Pension Fund member declaration form before any pension benefits can be paid out.

• To ensure the efficient administration of this form and to ensure all members receive their correct benefits at retirement without incurring an unnecessary liability for tax, it is essential that this completed form accompany all retirement forms passed to this office.

• Members who retire after 5 April 2006 may be able to commute some of their pension for lump sum. Further details are awaited from the Scottish Public Pensions Agency and a change to the Local Government Pension Scheme Regulations is required before this facility becomes available.

What are the consequences of failing to provide a completed form together with the retirement form?

If the attached form is not received in this office and the member retires after 05.04.2006 SPFO will have to pay the member’s retirement benefits on the assumption that the member’s lifetime allowance has been exceeded; the member’s benefits will effectively become an unauthorised payment and an excess charge will be applied to those benefits.
The Strathclyde Pension Fund Liaison Officer is:

Strathclyde Pension Fund Office
Charlotte House (2nd Floor)
78 Queen Street
GLASGOW G1 3DN

Telephone Number: [redacted]
Fax Number: [redacted]
e-mail: [redacted]
Dear NAME

Referral to Occupational Health

As you have been referred to Occupational Health, and there may be a possibility of ill health retirement, I would ask you to attend a meeting with myself on **TIME AND DATE** at **LOCATION**. The purpose of the meeting is to explain the ill health retirement procedure (and the commutation if figures are available) Please bring the completed S9 form and the Member Declaration Form with you.

If you wish you may be accompanied by your trade union representative or other person of your choice.

Please confirm with **NAME** that you are able to attend the meeting at the above noted time.

Yours sincerely

Assessor
Dear NAME

ILL HEALTH RETIREMENT

I refer you to your medical examination with Dr NAME and write to advise you that he has advised Ayrshire Valuation Joint Board, that you are unfit to carry out your duties as a POST DESIGNATION.

In accordance with the Employment Act 2002 (Dispute Resolution) Regulations 2004, I would ask you to attend a meeting with myself on TIME AND DATE at LOCATION. The purpose of the meeting is to explain the ill health retirement procedure.

If you wish you may be accompanied by your trade union representative or other person of your choice.

Please confirm with NAME that you are able to attend the meeting at the above noted time.

Yours sincerely

Assessor
MEMORANDUM

Tel:
Fax:
E-mail:
Our Ref:
Your
Ref:
Date:

From:

To: [REDACTED]

Subject: NAME:
NI NUMBER:
DOB:

The above named employee of Ayrshire Valuation Joint Board is retiring on DATE from HIS/HER post as a POST DESIGNATION on ill health grounds.

In this connection, I should be obliged if you could arrange to pay EMPLOYEE NAME, NUMBER OF WEEKS pay in lieu of notice.

I enclose form S9 to be completed and forwarded to Strathclyde Pension Fund.

Many thanks for your assistance in this matter.

Assessor
Dear NAME

ILL HEALTH RETIREMENT

I refer you to our meeting to discuss your medical examination with Dr NAME and write to advise you that he has advised Ayrshire Valuation Joint Board that you are unfit to carry out your duties as a POST DESIGNATION. According to Ayrshire Valuation Joint Board’s Policies and Procedures, I confirm your retirement is effective from DATE OF RETIREMENT. You have the right to appeal to the Assessor within 7 days of receipt of this letter if you disagree with this decision. The relevant pension forms have been passed to Finance, who will contact you in due course about your benefits.

I also confirm that you will be paid NUMBER OF WEEKS pay in lieu of notice. In addition if you have accrued any annual leave this will be credited to your final salary. This should be paid into your bank account within the next few weeks.

May I take this opportunity to thank you for your service to Ayrshire Valuation Joint Board and previous Local Authority service for over NUMBER OF YEARS and hope you enjoy a long and happy retirement.

Yours sincerely

Assessor