Page 1 of 2	Waterford & Wexford ETB								Query Form Apr 16				
QUERY FORM													
Please tick (v) Teacher	Staff other than Tea	acher 🗌											
PART 1 – INFORMATION REQUIRED.													
Please give exact details and state reason the information is requested:													
Signature	[Date	1							
Jenature					Date								
						1 1							
Proposed Date of Retireme	Proposed Date of Retirement, (if applicable)												
PART 2 – PERSONAL DETAILS Please use BLOCK CAPITALS													
			•		1	1	1	-					
1. PPS No.:													
2. Staff No./Employee Cod	le:												
3. Title:	Mr. Mrs.	Ms.	Otł	ner									
4. Surname:													
5. First name(s):				1 1		1 1	I			1	II		
6. Date of Birth:	D D M	MY	Υ										
7. Address:													
							Е		R	С	0	D	Е
8. Telephone No.:	Mobile:												
	Landline:									<u>. </u>			
9. Email Address:									<u> </u>	<u> </u>			
5. Emun Address													

Please forward by post to:

Pensions Section, WWETB, F13 The Shopping Centre, Dungarvan, Co. Waterford X35 DE93

PART 3 – SERVICE HISTORY

Details of Service (Please use a separate line for each change of School/Centre or change of Status within a School/Centre):-

Dates of service		Status	School					
From	То	Perm/Temp etc.	Roll number (if applicable)	Name and Address of School/Centre				

PART 4 – Details of SURVIVORS' AND CHILDREN'S PENSION SCHEME

I am a member of the Survivors' and Children's Pension Scheme. (Yes/No)

PART 5 – OTHER INFORMATION

Are you currently on Leave of Absence?	Please tick as appropriate	YES	NO	
If yes, please give details of the type of absence, (Sick leave, Career break, other – please specify):				
Date absence commenced:	Day	Month	Year	
Date of resignation (if you resigned while on leave of absence):	Day	Month	Year	