



Application for Temporary Rehabilitation Remuneration (TRR)

Where the relevant period of paid sick leave has been exhausted, an employee may be granted Temporary Rehabilitation Remuneration (TRR) subject to certain conditions:

- A minimum of 2 years' service (in a pensionable position either in a whole-time or part-time capacity) at the end of the period of paid sick leave.
- Confirmation from the Occupational Health Physician (OHP) that there is a reasonable prospect of recovery and return to work.
- Completion of TRR application form. The payment of TRR will not commence until the completed form has been received by the Employee Relations team.

When applying for Temporary Rehabilitation Remuneration (TRR) please be advised of the following conditions:

- TRR will be calculated on a rate of 37.5% of remuneration; this is based on an employee's gross rate of remuneration at the time the TRR comes into effect. This is calculated minus any Illness Benefit that may be payable to an employee. Where an employee is eligible for Illness Benefit, they must apply to the Department of Social Protection with the appropriate documentation.
- TRR will not exceed 18 months (548 calendar days) in the case of ordinary illness.
- In the case of an employee who has been granted extended sick pay under the critical illness protocol, they may have access to 12 months (365 calendar days) TRR. In addition, further periods of TRR may be awarded up to and not exceeding 24 months (730 calendar days). This further period of TRR is subject to regular reviews by an OHP.
- The period during which TRR is paid is not a period of pensionable service. The employee should contact the [Pension Schemes - University of Galway](#) if they wish to discuss their pension options.
- TRR is not reckonable for increment purposes.

To be completed by Employee:

I wish to confirm my understanding that the allocation of ill-health added years under Temporary Rehabilitation Remuneration (TRR) is without prejudice to any determination of such when my final pension is decided.

Name of Employee (Please Print): _____

ID Number: _____

Signature of Employee: _____

Date: _____