

**Panel Update Form for the \_\_\_\_\_** (Insert Name of Diocese, United Diocese, Educate Together or Special National Panel as appropriate) **Main / Supplementary Redeployment Panel** (delete as appropriate)

In order to arrange the removal of your name from the Panel, this form must be returned to Primary 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 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 my current school \_\_\_\_\_ (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 defer my panel rights for the next full school year as I am a fixed-term teacher and have secured a new one year fixed term post located in \_\_\_\_\_ (insert school roll number).
5. I wish to be exempt from the Panel for 6 months prior to the birth of my baby and 9 months after the birth of my baby or 9 months after the placement of my child. My (expected) date of confinement or date of placement is \_\_\_\_\_ and I enclose medical evidence / evidence of adoption to support this.
6. 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 2011-2012 school year)

\_\_\_\_\_

Date : \_\_\_\_\_

Contact Phone No : \_\_\_\_\_

E.Mail Address: \_\_\_\_\_