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| **RP2B : DETAILS OF FUNDING** | | | | | |
| **PLEASE NOTE THIS FORM WILL NOT BE CIRCULATED TO THE RETIREMENTS COMMITTEE AND IS FOR LOCAL PLANNING PURPOSES ONLY.** | | | | | |
| **PART 1: To be completed by the employee** | | | | | |
| **Name of employee:** | |  | | | |
| **Name of Institution:** | |  | | | |
| **Position of employee:** | |  | | | |
| Is the proposed period of extended employment to be paid or unpaid? | | | | | Paid / Unpaid |
| Have you discussed funding arrangements with your Head of Institution? | | | | | Yes / No |
| If the proposed period of extended employment is to be paid, please confirm how your salary would be funded: | | | | | |
| Signed by employee: |  | | | | |
| Print name: |  | | Date: |  | |
| **Please submit this form together with form RP2A and your CV to your Head of Institution.** | | | | | |

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| **PART 2: To be completed by the Head of Institution (or equivalent)** | | | | |
| If the extension is paid, is the application subject to the award of funding?  If yes, please specify details.  If no, please specify the cost code for payment of salary. | |  | | |
| **Signed by Head of Institution:** |  | | | |
| **Name of Head of Institution:** |  | | **Date:** |  |

**Note for Head of Institution:**

Please send the completed form together with form RP2A and CV to your HR Business Manager.