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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 extension to be paid or unpaid? | Paid / Unpaid |
| Have you discussed funding arrangements with your Head of Institution? | Yes / No  |
| If the proposed period of extension 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.