POST OF RESPONSIBILITY APPOINTMENTS IN ACCORDANCE WITH CIRCULAR 0003/2018

Form POR 2

This form should be used to inform the Department of Education and Skills of new appointments and amendments to Posts of Responsibility which occur during the school year. Under the terms of Circular 0003/2018, Postholders must undertake Roles and Responsibilities assigned or re-assigned to them.

1. School Details **School Name:**_____ **School Roll No.:** [ ]

(BLOCK CAPITALS) **Telephone :** _____

2. Details of PERMANENT appointments to Principal and Deputy Principal posts made during the current school year

Name of Teacher	PPS Number	Appointed to Post of:	State if new post otherwise name & PPSN of teacher being replaced	Date of Appointment

3. Details of ACTING appointments to Principal and Deputy Principal made during the current school year

Name of Teacher	PPS Number	Appointed to Acting Post of	Date Appointed From	Date Appointed To	Name of Teacher being replaced	PPS Number	Reason for Acting Appointment

4. Details of PERMANENT appointments to Assistant Principal (API) and Assistant Principal (APII) posts of responsibility made during the current school year

Name of Teacher	PPS Number	Appointed to Post of :	State if new post otherwise name & PPSN of teacher being replaced	Date of Appointment

5. Details of ACTING appointments to Assistant Principal (API) and Assistant Principal (APII) posts of responsibility (this should be completed in conjunction with the declaration below)

Name of Teacher	PPS Number	Appointed to Acting Post of:	Date Appointed From	Date Appointed To	Name of Teacher being replaced	PPS Number	Reason for Acting Appointment

(see over)

6. Details of RETIREMENTS/RESIGNATIONS from Post of Responsibility in the current school year

Name of Teacher	PPS Number	Post Held	Date Left Post

7. Declaration

I certify that:

* **the teacher(s) listed in part 5 above have been engaged on a fixed purpose contract by the Board of Management to perform the roles and responsibilities on an acting basis. This contract is in respect of cover for the same absence and has been performed continuously by the same acting post holder.**

* **all teachers listed above are undertaking the roles and responsibilities assigned to them in accordance with Circular 0003/2018 and have signed the Statement of Roles and Responsibilities assigned to them.**

* **I authorise the Department of Education & Skills to pay the appropriate allowance for the level of post (API)/APII).**

Signed: _____ **Date:** _____

Principal / Chairperson B.O.M.

Return Form to: **Department of Education, Post Primary Payroll Division, Cornamaddy, Athlone, Co. Westmeath. N37 X659.**
or by SCAN AND EMAIL to PPPayroll@education.gov.ie

Data Protection

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A
If the information you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought here.