



**SUPERVISOR'S REPORT IN RESPECT OF AN EMPLOYEE WHO APPLIED TO BE RETIRED BY REASON OF
PERMANENT ILL-HEALTH OR PHYSICAL DISABILITY OR SEVERE BODILY INJURY**

PORTION A:

Personal Particulars of employee

1. Initials and Surname _____
2. ID Number _____ 3. Pension Number _____
4. Designation _____
5. Employing Local Authority _____
6. According to a report received from _____ he/she is no longer capable of performing his/her present duties.

PORTION B:

Documents

The following documents should be attached please:

1. Employee's application to be retired (Form MB/1).
2. Medical Report (Form MB/2) and other medical evidence.

PORTION C:

Particulars concerning the employees

1. On what date did the employee last work?

2. Briefly describe how he/she performed his duties 12 months prior to the date of his/her application to be retired.

3. Briefly describe the course of the employee's problem and the effect thereof on his present duties.

4. Describe what attempts were made to assist the employee to overcome his/her state of illness.

5. Are there in your opinion other factors that contribute to his/her disability?

6. Can he/she in your opinion continue with his/her present duties?

7. The employee is fully aware of the conditions of the pension regulations concerning retirement by reason of permanent ill-health or physical disability or severe bodily injury.

Signed at _____ on the _____ day of _____ 20_____

SIGNATURE OF SUPERVISOR

SIGNATURE OF WITNESS