Main Redeployment Panel Update Form for the 2024/25 school year

In order to arrange the removal of your name from the Main Redeployment Panel, this form must be returned to: **Primary Teacher Allocations Section, Department of Education, Cornamaddy, Athlone, Co Westmeath, N37 X659.** 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 have received a written/email offer of employment before making a final decision.

Name of Panel: _____

Panel Area: _____

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 ☐ Fixed-term post in Roll No _____

    Due to:

    ☐ Post Reinstated _____ e.g. staffing appeal

    ☐ New Post _____ e.g. special class post, SET cluster

    ☐ Retirement/Resignation _____

    ☐ Career Break ☐ Job-sharing ☐ Secondment

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 own school _____ (insert school roll number).

3. I wish to defer my panel rights for the next full school year as:

    a. I am going on a career break
    b. I am going on secondment
    c. I am entering into a job-sharing arrangement

    ☐
    ☐
    ☐

4. I wish to be exempt from the panel for 6 months prior to the birth of my baby and to the end of my maternity/adoptive leave. My (expected) date of confinement/or date of placement is _____. I confirm that medical evidence/evidence of adoption has been provided to my school to support this.

5.   I wish to have my name removed from the panel because:

    _____

I confirm the above information to be true and accurate.

(Signature of **Teacher**) _____ Date: _____

I am satisfied that the above information is accurate.

_____ Date:_____

Contact Phone No : _____ Email Address:_____

(Signature of **Chairperson of BoM / CEO of ETB** of the school in which the above teacher will be employed for the 2024/25 school year / school which teacher is taking an approved career break/secondment from) :