Ollscoil na Gaillimhe
University of Galway

Application for Critical Illness Protocol (CIP)

It is recognised that public service bodies, as employers, need to continue to provide support for their employees who may be incapacitated as a result of critical illness or serious physical injury. Therefore, when an individual becomes incapacitated as a result of critical illness or serious physical injury, and has supporting medical evidence for an extended period of sick leave, the individual may, on an exceptional basis, be granted paid sick leave extended as follows:

- A maximum of 183 days on full pay in the previous rolling one-year period
- Followed by a maximum of 182 days on half pay in the previous rolling one-year period
- Subject to a maximum of 365 days paid sick leave in the previous rolling four-year period.

When applying for Critical Illness Protocol (CIP), please be advised of the following conditions:

- The Occupational Health Physician (OHP) service used by the University is Medmark.
- The granting of exceptional extended paid sick leave is a decision of management having considered the medical advice from the Occupational Health Physician.
- When applying, the employee must submit any required supporting documentation directly to Medmark (galway@medmark.ie); please notify the Employee Relations team when any supporting documentation has been forwarded as an application will not be reviewed by Medmark until the University receives confirmation of same.
- It is the responsibility of the employee to ensure that any required documentation has been forwarded to Medmark in order for them to make a decision on a CIP application.
- Medmark will not contact treating specialists directly in CIP applications; the onus lies with the employee to ensure that all required documentation has been forwarded within an appropriate timeframe.

To be completed by Employee:

I wish to apply for the granting of exceptional extended paid sick leave in line with the University Sick Leave policy. I agree to provide all medical information required directly to the University Occupational Health Physician.

Name of Employee (Please Print): _____

ID Number: _____

Signature of Employee: _____

Date: _____