

30 + RETENTION SCHEME

ANNUAL REVIEW FORM

- This form should be completed prior to the anniversary of 30+ recommencement.

SECTION A -TO BE COMPLETED BY HR DEPARTMENT

Full Name:			
Collar No:		Age:	DOB:
Div /Dept.:			
Current Rank:			
Original role upon retention under 30+ Scheme:			
Original duties upon retention under 30+ Scheme:			
Date of commencement on 30+ Retention Scheme			
Requested length of retention on 30+ Scheme			

SECTION B – TO BE COMPLETED BY LINE MANAGER

Please tick as appropriate:	Yes	No
Does the Officer have an up to date PDR?	<input type="checkbox"/>	<input type="checkbox"/>

Please comment specifically in relation to the officer's competence and commitment to further service, and the organisational risks or requirements that would benefit from the officer's retention.

Comments by Line Manager

No of Periods of Sickness Absence and days lost in last 12 months:

Comments regarding officer's conduct / disciplinary during the last 12 months:

Name:

Date:

Signed:

Position:

SECTION C -TO BE COMPLETED BY DIVISIONAL COMMANDER / DEPARTMENTAL HEAD

Recommendation

This officer is *recommended / not recommended for continuation under 30+ retention scheme

* Please delete as appropriate

Comments (including the organisational risks or requirements that would benefit from the officer's retention)

Please continue on a separate sheet if required.

Name:

Date:

Signed:

Position:

Completed forms to be returned to the Head of Human Resources

SECTION D - RECOMMENDATION OF THE HEAD OF HUMAN RESOURCES

This officer *should / should not continue on 30+ retention scheme.

Signed:

Date:

* Please delete as appropriate

SECTION E: RECOMMENDATION BY CHIEF OFFICER

Comments:

Signed:

Date: