FPSB IRELAND
FINANCIAL PLANNING STANDARDS BOARD

# PRO RATA ADJUSTMENT FORM

**Please complete all fields where applicable and return to cpd@fpsb.ie**

Name: _____ FPSB Certification No: _____

Address: _____

Email Address: _____ Tel No: _____

Reason for application
for reduction in CPD Hours: Maternity Leave:_____ Illness: _____

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**Maternity Leave** (maximum 26 weeks statutory leave and 16 weeks unpaid leave)

from: _____ to: _____

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**Other Leave including Adoptive Leave/Carer's Leave**

from: _____ to: _____

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**Illness** (usually 2 months or more)

from: _____ to: _____

Details of Illness: _____

_____

_____

Doctors Report Attached (required for Illness): Yes _____ No_____

If no, please give reason:

_____

Letter from Employer Attached (required for all): Yes _____ No_____

If no, please give reason:

_____

**Signature:** _____ **Date:** _____

**Signature of Line Manager:** _____ **PRINT NAME:** _____