**Application for claims for substitute hours under Circular 45/2020 (Section 5.4)**

|  |  |
| --- | --- |
| **Roll Number** |  |
| **Email Address** |  |
| **Phone No** |  |

|  |
| --- |
| **School Name** |
|  |

|  |
| --- |
| **School Address** |
|  |
| **COUNTY:** |

|  |
| --- |
| For Department use only  Check Absence on OLCS \_\_\_\_  Minutes keyed to OLCS\_\_\_\_ |

Return this form within 5 days of the teachers’ absence and no later than the end of the 2020/21school year to:

Primary Teacher Allocations Section, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath N37 X659

Or the completed form can be scanned and emailed to: [primaryallocations@education.gov.ie](mailto:primaryallocations@education.gov.ie)

**Notification of substitution requirement under section 5.4(4) of circular 45/2020**

*Extract from circular*

**•** For teachers in mainstream classes, schools use other non-mainstream teachers to cover the absence. A substitute may be employed on a subsequent date when one is available. On that day, the mainstream classroom teacher will undertake non mainstream teaching and the substitute will teach the mainstream class.

•For non-mainstream teachers a substitute may be employed on a subsequent date when one is available. Special Needs Class teachers cannot be used in this way

**NOTE: The teacher’s absence must be recorded on OLCS before completion of this form**

**Hours cannot be carried forward into another school year.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of original teacher absence | Mainstream teacher  OR  Non- Mainstream teacher  (Delete as appropriate) | Absent Teachers name | Number of hours on this date |
|  |
| PPSN: |

|  |  |
| --- | --- |
| Date of subsequent section 5.4  Mainstream or Non-Mainstream substitution | Number of hours on this date |
|  |  |

**Declaration**

On the day of original absence, it was not possible to obtain a teacher from a substitute supply panel, my schools’ own panel of regular substitutes or the national substitute service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_

*Principal*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_

*Chairperson of BoM/CEO of ETB*