## APPENDIX 1 (A) NOTIFICATION OF REDUNDANCY (RP50)

**See overleaf for instructions on how to complete this form and for terms and conditions**
**N.B. You may submit your claim on-line at the following web address: http://www.entemp.ie.**
**On-line claims are processed quicker as they are automatically validated and recorded on our system.**

**Claim No:**
(Office use only)

### Section 1.

| |
|---|
| **Employer PAYE No.:** 9599516K |
| **Employer Registered Name:** Dept. of Education & Science |
| **Trading Name:** (if different from above) |
| **Registered Address:**<br>Cornamaddy<br>Athlone<br>**County:** Westmeath **Post Code:** |
| **Contact Name:** Marie McCarthy |
| **Contact Telephone No:** 09064 84136 |
| **E-mail address:** Marie_Mccarthy@education.gov.ie |
| **Date of Notice of Termination: (A)** |
| **Proposed Date of Termination: (B)** |
| **Payee Address:** (if different from above)<br>As Above<br>**County:** **Post Code:** |
| **Employer Signature: (C)** |
| **Role of Signee: (D)** Chairperson of BOM |

### Section 2.

| |
|---|
| **Employee PPS No.: (E)** |
| **Employee Surname: (F)** |
| **Employee First Name: (G)** |
| **Address: (H)**<br>**County:** **Post Code:** |
| **Contact Telephone No: (I)** |
| **Date of Birth: (J)** |
| **Gender: (K)** ☐ **Male** ☐ **Female** |

**Administrator Details** (if applicable) **(N/A)**

| |
|---|
| **Administrator PAYE No.: (N/A)** |
| **Company Name: (N/A)**<br>**Address:**<br>**County:** **Post Code:** |
| **Contact Name: (N/A)** |
| **Contact Telephone No.: (N/A)** |
| **E-mail Address: (N/A)** |

## (B) CLAIM FOR REDUNDANCY PAYMENT FROM THE SOCIAL INSURANCE FUND

EMPLOYER REBATE CLAIM ☑ Please choose EMPLOYEE LUMP SUM CLAIM ☐

### Section 3.

| | |
|---|---|
| **Employment Address:** (if different from above)<br>**County:** **Post Code:** | **Date of Commencement of Employment:**<br>**Date of Termination of Employment:**<br>**Is Employee a Director/Secretary/Shareholder of this Company?**<br>☐ **Yes** ☐ **No** |
| **Business Sector: Department of Education and Science** | **Job Title: Special Needs Assistant** |
| **Weekly Hours:** **PRSI Class: A** | **Reason for Redundancy: Reduction in SNA allocation** |
| **Gross Weekly Wage: €** | **Reason for Non-Payment (if appropriate):** |

**See following page for Breaks in Service (if any)**

### Section 4.

Redundancy Payment Details

| No. of Years Service: | No. of Weeks Due: | Statutory Entitlement: € | Rebate Amount due to Employer: € |
|---|---|---|---|
| | | Amount Recd by Employee: € | |

### Section 5.

Rebate Claim Declaration

**EMPLOYER / EMPLOYER REPRESENTATIVE:**

I hereby declare the above employee was dismissed by reason of redundancy, and request payment of 60% of the statutory amount paid to the employee.

**Signed: (L)** **Date:**

**Role of Signee:** **CLERICAL OFFICER**

**EMPLOYEE:**

I hereby certify that I have received payment as outlined above from my employer.

**Signed: (M)** **Date:**

### Section 6.

Lump Sum Claim Declaration

**ADMINISTRATOR / EMPLOYER:**

I hereby certify that the above employer has not paid the full statutory redundancy entitlement to the above employee, and payment should now be made to them from the Social Insurance Fund.

**Signed:** **Date:**

**EMPLOYEE:**

I certify that I have/have not (please indicate) received payment as outlined above from my employer:

**Signed:** **Date:**