

APPENDIX 2**(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.: 9599516 K	
Employer Registered Name: Dept. of Education and Science	
Trading Name: (if different from above)	
Registered Address: Cornamaddy, Athlone.	
County: Westmeath	Post Code:
Contact Name:	
Contact Telephone No:	
E-mail address:	
Date of Notice of Termination: (A) 1 st August 2005	
Proposed Date of Termination: (B) 31 st August 2005	
Payee Address: (if different from above) As Above	
County:	Post Code:
Employer Signature: (C) Joe Ryan	
Role of Signee: (D) Chairperson of Board of Management	

Section 2.

Employee PPS No.: (E)	1234567 X
Employee Surname: (F)	Smyth
Employee First Name: (G)	Mary
Address: (H) 10 East Street, Roscommon.	
County: Roscommon	Post Code:
Contact Telephone No: (I) 98765432	
Date of Birth: (J) 29 th December 1970	
Gender: (K)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Administrator Details (if applicable) (N/A)	
Administrator PAYE No.: (N/A)	
Company Name: (N/A) Address:	
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)		Date of Commencement of Employment:	
County:		Date of Termination of Employment:	
Post Code:		Is Employee a Director/Secretary/Shareholder of this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Sector:		Job Title:	
Weekly Hours:	PRSI Class:	Reason for Redundancy:	
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:	
EMPLOYEE: I hereby certify that I have received payment as outlined above from my employer. Signed: (M) Mary Smyth Date: 29 th May 2006	

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:	

Guide to Completing Notification of Redundancy Form (RP50).

Section 1

Please note A,B,C and D in section 1 are to be completed by the Chairperson of the Board of Management/CEO of VEC.

- (A) Date of Notice of Termination:**
Date special need assistant was informed that their contract was going to be terminated.
- (B) Proposed Date of Termination:**
Date special need assistants contract was terminated.
- (C) Employer Signature:**
To be signed by the Chairperson of Board of Management/CEO of VEC.
- (D) Role of Signee:**
To be completed by the Chairperson of Board of Management/CEO of VEC.

Section 2

Please note E,F,G,H,I,J and K in section 2 are to be completed by the Chairperson of the Board of Management/CEO of VEC.

- (E) Employee PPS No:**
PPS No of special need assistant applying for Redundancy.
- (F) Employee Surname:**
Surname of special need assistant as on payslip.
- (G) Employee First Name:**
First Name of special need assistant as on payslip.
- (H) Address:**
Address of special need assistant (if address differs from that on the payslip, please include written confirmation from special need assistant of the address to which the redundancy payment should issue).
- (I) Contact Telephone Number:**
Contact Telephone Number of special need assistant.
- (J) Date of Birth:**
Date of Birth of special need assistant.
- (K) Gender:**
Please tick either Male or Female.

Section 3

Do not complete section 3.

Section 4

Do not complete section 4.

Please note the Department will detail the special need assistants service and will forward it to the special need assistant with the redundancy payment for verification.

Section 5

- (L) Signed:**
Completed by the Department of Education and Science.
- (M) Signed:**
To be completed by the special need assistant to verify payment was received.

Section 6

Not Applicable.

