



# **Guide to Completing Notification of Redundancy Form (RP50).**

## **Section 1**

Do not complete Section 1

## **Section 2**

Please note that the following fields in Section 2 are to be completed by the Chairperson of the Board of Management/CE of ETB.

### **(A) Date of Notice of Termination:**

Date Special Need Assistant was informed that their contract was going to be terminated.

### **(B) Date of Termination:**

Date Special Need Assistants contract was terminated.

### **(C) Employer Signature:**

To be signed by the Chairperson of Board of Management/CE of ETB.

### **(D) Employee Name:**

Name of Special Need Assistant as on payslip.

### **(E) Employee PPS No:**

PPS No of Special Need Assistant applying for Redundancy

### **(F) Date of Birth:**

Date of birth of Special Need Assistant.

### **(G) Employees 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)

### **(H) Employees Contact Telephone Number:**

Contact telephone number of Special Need Assistant

### **(I) Employees e-mail address:**

E-mail address of the Special Need Assistant