NOTIFICATION OF REDUNDANCY (RP50)

Department of Education & Skills (NTS) internal use only

Section 1
Employer PAYE Number: 9599516K
Employer Registered Name: Dept. of Education & Skills
Registered Address: Cornamaddy Athlone County: Westmeath Post Code: N37 X659
Contact Section: Redundancy Unit, NTS Payroll
Contact Telephone No: 09064 84142
E-mail address: snaredundancy@education.gov.ie
Section 2
Date of Notice of Termination: (A)
Date of Termination: (B)
Employer Signature: (C) (Chairperson of BOM)
Employee Name: (D)
Employee PPS Number: (E)
Date of Birth: (F)
Employees Address: (G)
County: Post Code:
Employees Contact Telephone No: (H)
Employees e-mail address: (I)

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