

NOTIFICATION OF SPECIAL NEEDS ASSISTANT LEAVING

Please ensure that this form is completed in respect of a Special Needs Assistant that is leaving your employment. This form should be completed and returned to NTS Payroll at least 14 days in advance of the leaving date. Completion of this form on time will reduce the possibility of overpayments to Special Needs Assistants.

Name:	PPS No.:
School Name:	Roll No.:
School Phone No:	School e-mail address:
Leaving Date:	(Last day employed in the school)
Reason for leaving:	
fulfils the conditions set out in Department of I Please also note the arrangements outlined in Arrangements for the 2021/2022 school year.	lant, an SNA may be entitled to a redundancy payment if he/she Education Circular 58/2006. in Circular 0026/2021 in relation to Supplementary Assignment It is the responsibility of the SNA and the School Authorities to et out in both circulars. Late applications cannot be processed.
Signed: Chairperson/Principal	
Signed: Special Needs Assistant	Date:
Upon completion, this document should be forwarded either b	by e-mail or post to:

Ntspayroll@education.gov.ie

Postal Address:

Non-Teaching Staff (NTS) Payroll Department of Education Cornamaddy Athlone Co. Westmeath N37 X659