FSSU
Financial Support Services Unit

Emmet House, Milltown, Dublin 14
Tel: 01 2690677 Email: info@fssu.ie

Financial Guideline 2019/2020 - 53

Voluntary Secondary Schools in the Free Education Scheme & Community & Comprehensive Schools

COVID-19: Arrangements for certain employees in the Free Education Scheme, employed using grant funding

1. Introduction

As per the Department of Education and Skills Circular 0054/2020 special arrangements set out in the Circular apply to employees of recognised Post Primary schools in the Free Education Scheme, employed using grant funding provided by the Department, who are at very high risk of serious illness from contracting COVID-19, and who are employed in the following posts:

- School Secretary
- Caretaker
- Cleaner
- Bus Escort

I. It should be noted that the terms of Circular 0049/2020 apply to Clerical Officers employed in post-primary schools under the 1978 Scheme and Secretaries and Caretakers in Department-approved posts in Community and Comprehensive schools.

II. Where an employee who is at very high risk of serious illness from contracting COVID-19 and has been assessed by the OHS as medically unfit for work due to a non-COVID-19 illness, the terms and conditions of any employer sick leave scheme applicable to the employee will apply.

III. Where an employee has been advised by the OHS that he/she is at a very high risk of serious illness from contracting COVID-19 and is not attending the workplace, the employee remains on their normal salary. The employer may appoint a substitute.

IV. The substitute for a grant aided employee will be paid by the board of management where the board of management normally pays the employee. The substitute for an employee currently paid directly by the Department will be paid directly by the Department, as per Circular 0049/2020.

2. Application for reimbursement of payment of a substitute

a) Claims for funding for the salary of a substitute Secretary/Caretaker/Cleaner must be made using the form at Appendix A.
b) Claims for funding for the salary of a substitute Bus Escort must be made using the form at Appendix B.
c) One form should be completed in respect of each employee. If a claim is being made in respect of more than one Secretary for example, a separate form should be completed for each employee using anonymised data e.g. Secretary 1, Secretary 2.
d) Payment of a substitute employee will be based on the existing contractual weekly hours of the employee who is not attending the workplace due to being advised by the OHS that he/she is at a very high risk of serious illness from contracting COVID-19.
e) Claims are to be submitted in arrears at the end of each 2-month period e.g. claims for September and October to be submitted in November. It may be possible to accept more frequent claims if a school is experiencing financial difficulties.

3. Update on Coding for recording Substitute Grants Income and Expenditure

The following codes must be added to the school's chart of accounts in order to account for the substitute grant income and expenditure.

Nominal Code	Description	Type	Category
3284	COVID Funding for Replacement Caretaker Hours	Income	Department of Education & Skills Income
3285	COVID Funding for Replacement Secretarial Hours	Income	Department of Education & Skills Income
3286	COVID Funding for Replacement Cleaner Hours	Income	Department of Education & Skills Income
3287	COVID Funding for Replacement Bus Escort Hours	Income	Department of Education & Skills Income
4197	COVID Replacement Bus Escort Hours Expense	Expenditure	Education Salary
5011	COVID Replacement Caretaker Hours Expense	Expenditure	Repairs, Maintenance & Establishment
5111	COVID Replacement Cleaner Hours Expense	Expenditure	Repairs, Maintenance & Establishment
6011	COVID Replacement Secretary Hours Expense	Expenditure	Administration
2185	COVID Replacement Hours Unspent	Current Liability	Accruals

Further information or clarification on any of the issues raised in this guideline can be obtained from the FSSU.

Tel: 01-269 0677
info@fssu.ie
17th August 2020

Appendix A

Claim form for payment of a substitute to replace a Secretary/Caretaker/Cleaner who is not attending the workplace as they have been assessed by the Occupational Health Service (OHS) as being at a VERY HIGH RISK or HIGH RISK of serious illness from contracting Covid-19 and has been advised to cocoon.

Note 1: One form to be completed per employee.
Note 2: If a claim is being made in respect of more than one Secretary for example, please complete a separate form for each using anonymized data that will enable you identify the individual concerned e.g. Secretary 1, Secretary 2.

<table>
<tr><td>School Name & Address</td><td colspan="4"></td></tr>
<tr><td>School Roll Number</td><td colspan="4"></td></tr>
<tr><td colspan="5">Details of employee who cannot attend the workplace</td></tr>
<tr><td>Job Title</td><td colspan="4"></td></tr>
<tr><td>Absence Start Date</td><td colspan="4"></td></tr>
<tr><td>Absence End Date (where applicable)</td><td colspan="4"></td></tr>
<tr><td rowspan="13">Details of contracted hours of attendance.</td><td rowspan="3">Days</td><td colspan="3">Contracted working arrangements</td></tr>
<tr><td colspan="2">Times worked</td><td rowspan="2">Hours per Day</td></tr>
<tr><td>From</td><td>To</td></tr>
<tr><td>Monday</td><td></td><td></td><td></td></tr>
<tr><td>Tuesday</td><td></td><td></td><td></td></tr>
<tr><td>Wednesday</td><td></td><td></td><td></td></tr>
<tr><td>Thursday</td><td></td><td></td><td></td></tr>
<tr><td>Friday</td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Total hours per week</td><td></td></tr>
</table>

<table>
<tr><td colspan="5">Payment Claim details
(Claims are to be submitted in arrears at the end of each 2 month period e.g. claims for September and October to be submitted in November. It may be possible to accept more frequent claims if a school is experiencing financial difficulties)</td></tr>
<tr><td colspan="2">Period Payment Claim refers to</td><td colspan="3">From:______________________ To: ________________</td></tr>
<tr><td>Total No. of hours for which payment is claimed
(excluding School Closures and Bank Holidays. However, payment can be claimed for Bank Holiday entitlements payable under the terms of the Organisation of Working Time Act 1997)</td><td>Hourly rate paid (excluding ER PRSI)</td><td>Gross payment Including Holiday Pay
(excluding ER PRSI)</td><td>ER PRSI</td><td>Total payment claimed</td></tr>
</table>

Declaration:

1. I confirm that this employee is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and have been advised to cocoon.

2. I understand that an employee who is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and have been advised to cocoon is available to work remotely. I confirm that relevant duties have been assigned to the employee to the greatest extent possible, including duties outside of their usual core duties where remote working in their current role is not feasible.

3. I confirm that this application for payment of a substitute Secretary/Caretaker/Cleaner is based on the existing contractual weekly hours for the secretary/caretaker/Cleaner.

4. I certify that all the information set out in this application form is correct and I understand that the information provided may be subject to audit and verification with the FSSU.

____ **Date** ______________________________
Signature of School Principal

____ **Date** ______________________________
Signature of Chairperson of BOM

Please return this information at your earliest convenience to **Schools Division Financial, Department Of Education and Skills, Cornamaddy, Athlone, Co. Westmeath.**

For official use only:	
Total Payment due: €	
Prepared by:	**Date:**
Approved by:	**Date:**

Appendix B

Claim form for payment of a substitute to replace a Bus Escort who is not attending the workplace as they have been assessed by the Occupational Health Service (OHS) as being at a VERY HIGH RISK or HIGH RISK of serious illness from contracting Covid-19 and has been advised to cocoon.

Note 1: One form to be completed per employee.
Note 2: If a claim is being made in respect of more than one Bus Escort for example, please complete a separate form for each using anonymized data that will enable you identify the individual concerned e.g. Bus Escort 1, Bus Escort 2.

<table>
<tr><td>School Name & Address</td><td colspan="4"></td></tr>
<tr><td>School Roll Number</td><td colspan="4"></td></tr>
<tr><td colspan="5">Details of employee who cannot attend the workplace</td></tr>
<tr><td>Job Title</td><td colspan="4"></td></tr>
<tr><td>Absence Start Date</td><td colspan="4"></td></tr>
<tr><td>Absence End Date (where applicable)</td><td colspan="4"></td></tr>
<tr><td rowspan="11">Details of contracted hours of attendance.</td><td rowspan="3">Days</td><td colspan="3">Contracted working arrangements</td></tr>
<tr><td colspan="2">Times worked</td><td rowspan="2">Hours per Day</td></tr>
<tr><td>From</td><td>To</td></tr>
<tr><td>Monday</td><td></td><td></td><td></td></tr>
<tr><td>Tuesday</td><td></td><td></td><td></td></tr>
<tr><td>Wednesday</td><td></td><td></td><td></td></tr>
<tr><td>Thursday</td><td></td><td></td><td></td></tr>
<tr><td>Friday</td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Total hours per week</td><td></td></tr>
</table>

<table>
<tr><td colspan="5">Payment Claim details
(Claims are to be submitted in arrears at the end of each 2 month period e.g. claims for September and October to be submitted in November. It may be possible to accept more frequent claims if a school is experiencing financial difficulties)</td></tr>
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<tr><td>Total No. of hours for which payment is claimed (excluding School Closures and Bank Holidays. However, payment can be claimed for Bank Holiday entitlements payable under the terms of the Organisation of Working Time Act 1997)</td><td>Hourly rate paid (excluding ER PRSI)</td><td>Gross payment Including Holiday Pay (excluding ER PRSI)</td><td>ER PRSI</td><td>Total payment claimed</td></tr>
</table>

Declaration:
1. I confirm that this employee is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and have been advised to cocoon.

2. I understand that an employee who is medically fit for work but the OHS Risk Assessment Report has stated that they are at a very high risk or high risk of serious illness from contracting COVID-19 and has been advised to cocoon is available to work remotely. I confirm that relevant duties have been assigned to the employee to the greatest extent possible, including duties outside of their usual core duties where remote working in their current role is not feasible.

3. I confirm that this application for payment of a substitute Bus Escort is based on the existing contractual weekly hours for the Bus Escort.

4. I certify that all the information set out in this application form is correct and I understand that the information provided may be subject to audit and verification with the FSSU.

____ **Date** ______________________________
Signature of School Principal

_______________________________________ **Date** ______________________________
Signature of Chairperson of BOM

Please return this information at your earliest convenience to **Schools Transport, Department Of Education and Skills, Portlaoise Road, Tullamore, Co. Offaly**

For official use only:	
Total Payment due: €	
Prepared by:	**Date:**
Approved by:	**Date:**

COVID-19: Socruithe le haghaidh fostaithe áirithe sa Scéim Oideachais Saor in Aisce a n-úsáidtear maoiniú scéime lena bhfostú

1. Réamhrá

Faoi mar atá leagtha amach i gCiorclán 0054/2020 na Roinne Oideachais agus Scileanna baineann socruithe speisialta atá leagtha amach sa Chiorclán le fostaithe Iar-bhunscoileanna aitheanta atá sa Scéim Oideachais Saor in Aisce, a fhostaítear trí leas a bhaint as maoiniú deontais a chuireann an Roinn ar fáil, atá i mbaol mór maidir ó thaobh breoiteacht thromchúiseacha de bharr COVID-19 a tholgadh agus atá fostaithe sna poist seo a leanas:

- Rúnaí Scoile
- Feighlí
- Glantóir
- Tionlacaí Bus

I. Ba cheart a thabhairt faoi deara go mbaineann téarmaíCiorclán 0049/2020 le hOifigigh Chléireachais atá fostaithe in iar-bhunscoileanna faoi Scéim 1978 agus Rúnaithe agus Feighlithe i bpoist atá ceadaithe ag an Roinn i bPobalscoileanna agus Scoileanna Cuimsitheacha.

II. Sa chás go bhfuil fostaí atá i mbaol an-ard maidir le breoiteacht thromchúiseach de bharr COVID-19 a tholgadh agus a ndearna an tSeirbhís Sláinte Cheirde é nó í a mheas mar dhuine atá mí-oiriúnach ó thaobh míochaine le haghaidh oibre mar gheall ar bhreoiteacht neamh-COVID-19, beidh feidhm ag téarmaí agus coinníollacha aon scéime saoire bhreoiteachta an fhostóra i gcás an fhostaí sin.

III. Sa chás gur chuir an tSeirbhís Sláinte Cheirde in iúl d’fhostaí go bhfuil sé/sí i mbaol an-ard breoiteachta ó COVID-19 a tholgadh agus nach bhfuil an té sin ag freastal ar an ionad oibre, leanfaidh an fostaí ar aghaidh ag fáil a ghnáth-thuarastal nó ar a gnáth-thuarastal. Féadfaidh an fostóir duine eile a cheapadh ina áit nó a háit.

IV. Íocfaidh an bord bainistíochta an té a ghlacann áit fostaí faoi chúnamh deontais sa chás gurb iad an bord bainistíochta a íocann an fostaí de ghnáth. Sa chás go

n-íocann an Roinn an fostaí go díreach faoi láthair leanfaidh sí ag aghaidh ag íoc an ionadaí go díreach de réir Chiorclán 0049/2020.

2. Iarratas ar aisíocaíocht i leith ionadaí a íoc

a) Ní mór éilimh ar mhaoiniú ar thuarastal Rúnaí/Airíoch/Glantóir ionaid a dhéanamh thí leas a bhaint as an bhfoirm in Aguisín A.
b) Ní mór éilimh ar mhaoiniú ar thuarastal Tionlacaí ionaid Bus a dhéanamh thí leas a bhaint as an bhfoirm in Aguisín B.
c) Ba cheart foirm amháin a chomhlánú i leith gach fostaí. Má tá éileamh á dhéanamh i leith níos mó ná Rúnaí amháin, mar shampla, ba cheart foirm ar leithligh a chomhlánú do gach fostaí agus sonraí gan ainm a úsáid m.sh. Rúnaí 1, Rúnaí 2.
d) Beidh íocaíocht fostaí ionaid bunaithe ar na huaireanta seachtainiúla conarthacha atá ag an bhfostaí nach bhfuil ag freastal ar an ionad oibre toisc gur chuir an tSeirbhís Sláinte Cheirde in iúl dó nó di go bhfuil sé/sí i mbaol an-ard breoiteachta tromchúisí ó COVID-19 a tholgadh.
e) Tá éilimh le cur isteach mar riaráiste ag deireadh gach tréimhse 2 mhí, m.sh. tá éilimh i leith Mhí Mheán Fómhair agus Mhí Dheireadh Fómhair le seoladh isteach i Mí na Samhna. B'fhéidir go mbeifear in ann glacadh le héilimh níos minice má bhíonn deacrachtaí airgeadais ag scoil.

3. Tuairisc nuashonraithe maidir le Deontais i leith Ionadaithe a thaifead sa Chuntas Ioncaim agus Caiteachais

Is féidir na cóid seo a leanas a chur le cairt chuntas na scoile d'fhonn cuntas a thabhairt ar ioncam deontais agus caiteachais an fhostaí ionaid.

Cód Ainmniúil	Cur síos	Cineál	Catagóir
3284	Maoiniú COVID le haghaidh Uaireanta Feighlí Ionaid	Ioncam	Ioncam ón Roinn Oideachais agus Scileanna
3285	Maoiniú COVID le haghaidh Uaireanta Rúnaí Ionaid	Ioncam	Ioncam ón Roinn Oideachais agus Scileanna
3286	Maoiniú COVID le haghaidh Uaireanta Glantóra Ionaid	Ioncam	Ioncam ón Roinn Oideachais agus Scileanna
3287	Maoiniú COVID le haghaidh Uaireanta Tionlacaí Ionaid Bus	Ioncam	Ioncam ón Roinn Oideachais agus Scileanna
4197	Maoiniú COVID le haghaidh Costas maidir le hUaireanta Tionlacaí Ionaid Bus	Caiteachas	Tuarastal Oideachais
5011	Maoiniú COVID le haghaidh Caiteachas maidir le hUaireanta Feighlí Ionaid	Caiteachas	Deisiúcháin, Cothabháil agus Bunú
5111	Maoiniú COVID le haghaidh Caiteachas maidir le hUaireanta Glantóra Ionaid	Caiteachas	Deisiúcháin, Cothabháil agus Bunú
6011	Maoiniú COVID le haghaidh Caiteachas maidir le hUaireanta Rúnaí Ionaid	Caiteachas	Riarachán
2185	Uaireanta Athsholáthair COVID nár Caitheadh	Dliteanas Reatha	Fabhruithe

Is féidir tuilleadh eolais nó soiléiriú a fháil ar aon cheann de na saincheisteanna sa

treoirlíne seo ach dul i dteagmháil leis an FSSU.

Guthán: 01-269 0677
info@fssu.ie
An 17 Lúnasa 2020

Aguisín A

Foirm éilimh chun ionadaí a íoc as oibriú in ionad Rúnaí/Airíoch/Glantóir nach bhfuil ag freastal ar an ionad oibre mar go ndearna an tSeirbhís Sláinte Ceirde (OHS) measúnú ar an té sin is d'fhógair gur duine é nó í atá i mBAOL AN-ARD nó i mBaol ARD maidir le breoiteacht thromchúiseach ó Covid-19 a tholgadh agus tugadh comhairle dó nó di cocún a dhéanamh.

Nóta 1: Foirm amháin le comhlánú i gcás gach fostaí.
Nóta 2: Má tá éileamh á dhéanamh i leith níos mó ná Rúnaí amháin, mar shampla, comhlánaigh foirm ar leithligh le haghaidh gach duine acu ag úsáid sonraí gan ainm a chuirfidh ar do chumas an duine lena mbaineann a aithint m.sh. Rúnaí 1, Rúnaí 2.

<table>
<tr><td>Ainm & Seoladh na Scoile</td><td colspan="4"></td></tr>
<tr><td>Uimhir Rolla na Scoile</td><td colspan="4"></td></tr>
<tr><td colspan="5">Sonraí an fhostaí nach féidir leis nó léi freastal ar an ionad oibre</td></tr>
<tr><td>Teideal an Phoist</td><td colspan="4"></td></tr>
<tr><td>Dáta Tosaigh na hAsláithreachta</td><td colspan="4"></td></tr>
<tr><td>Dáta Deiridh na hAsláithreachta (nuair is bainteach)</td><td colspan="4"></td></tr>
<tr><td rowspan="11">Sonraí faoi uaireanta freastail ar conradh.</td><td rowspan="3">Laethanta</td><td colspan="3">Socruithe oibre ar conradh</td></tr>
<tr><td colspan="2">Líon na n-uaireanta a oibríodh</td><td rowspan="2">Uaireanta sa Lá</td></tr>
<tr><td>Ó</td><td>Go dtí</td></tr>
<tr><td>Dé Luain</td><td></td><td></td><td></td></tr>
<tr><td>Dé Máirt</td><td></td><td></td><td></td></tr>
<tr><td>Dé Céadaoin</td><td></td><td></td><td></td></tr>
<tr><td>An Déardaoin</td><td></td><td></td><td></td></tr>
<tr><td>Dé hAoine</td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Líon iomlán na n-uaireanta sa tseachtain</td><td></td></tr>
</table>

Sonraí an Éilimh ar Íocaíocht

(Tá éilimh le cur isteach mar riaráiste ag deireadh gach tréimhse 2 mhí, m.sh. tá éilimh i leith Mhí Mheán Fómhair agus Mhí Dheireadh Fómhair le cur isteach i Mí na Samhna. B'fhéidir go mbeifear in ann glacadh le héilimh níos minice má bhíonn deacrachtaí airgeadais ag scoil.)				
An Tréimhse dá dTagraíonn an tÉileamh ar Íocaíocht		**Ó:______________________ Go: ________________**		
Líon iomlán na n-uaireanta a bhfuil íocaíocht á héileamh ina leith (gan laethanta Dúnta Scoile agus Laethanta Saoire Bainc a chur san áireamh. Mar sin féin, is féidir íocaíocht a éileamh i leith teidlíochtaí Saoire Bainc atá iníoctha faoi théarmaí an Achta um Eagrú Ama Oibre 1997)	**An ráta in aghaidh na huaire a íocadh** (ach gan ÁSPC an fhostóra a chur san áireamh)	**Íocaíocht comhlán Lena nÁirítear Pá Saoire** (gan ÁSPC an fhostóra a chur san áireamh)	**ÁSPC an fhostóra**	**Íocaíocht iomlán a éilíodh**

Dearbhú:

1. Dearbhaím go bhfuil an fostaí seo folláin ó thaobh na hoibre de ach tá sé ráite i dTuarascáil um Measúnú Riosca na Seirbhíse Sláinte Ceirde go bhfuil sé nó sí i mbaol an-ard nó i mbaol ard breoiteachta ó COVID-19 a tholgadh agus gur tugadh comhairle dó nó di cocún a dhéanamh.

2. Tuigim go bhfuil an fostaí seo folláin ó thaobh oibre de ach tá sé ráite i dTuarascáil um Measúnú Riosca na Seirbhíse Sláinte Ceirde go bhfuil sé nó sí i mbaol an-ard nó i mbaol ard breoiteachta ó COVID-19 a tholgadh agus gur tugadh comhairle dó nó di cocún a dhéanamh ach go bhfuil an té sin ar fáil chun obair a dhéanamh ó chian. Deimhním gur sannadh dualgais ábhartha don fhostaí a mhéid ab fhéidir, lena n-áirítear dualgais lasmuigh dá ghnáthdhualgais nó dá gnáthdhualgais nuair nach raibh sé indéanta oibriú go cianda ina ról reatha.

3. Dearbhaím go bhfuil an t-iarratas seo ar íocaíocht Rúnaí/Feighlí/Glantóir ionaid bunaithe ar na huaireanta seachtainiúla conarthacha atá ann don rúnaí/airíoch/glantóir.

4. Deimhním go bhfuil an fhaisnéis uile atá leagtha amach san fhoirm iarratais seo ceart agus tuigim go bhféadfadh an fhaisnéis a sholáthraítear a bheith faoi réir iniúchta agus fíoraithe ag an FSSU.

_______________________________________ **Dáta** _____________________________
Síniú Phríomhoide na Scoile

_______________________________________ **Dáta** _____________________________
Síniú Chathaoirleach an Bhoird Bhainistíochta

Seol an fhaisnéis seo ar ais chomh luath agus is féidir leat chuig **Rannán Airgeadais na Scoileanna, an Roinn Oideachais agus Scileanna, Cor na Madadh, Baile Átha Luain, Co. na hIarmhí.**

D'úsáid oifigiúil amháin:	
Íocaíocht iomlán dlite: €	
Arna ullmhú ag:	**Dáta:**
Arna fhormheas ag:	**Dáta:**

Aguisín B

Foirm éilimh chun ionadaí a íoc in ionad Tionlacaí Bus nach bhfuil ag freastal ar an ionad oibre mar gur mheas an tSeirbhís Sláinte Ceirde (OHS) go raibh sé nó sí
i mBAOL AN-ARD NÓ I mBAOL ARD Ó THAOBH breoiteacht thromchúiseach de bharr Covid-19 a tholgadh agus gur moladh dó nó di cocúnú a dhéanamh.

Nóta 1: Foirm amháin le comhlánú i gcás gach fostaí.
Nóta 2: Má tá éileamh á dhéanamh i leith níos mó ná Tionlacaí Bus amháin, mar shampla, comhlánaigh foirm ar leithligh le haghaidh gach duine acu ag úsáid sonraí gan ainm a chuirfidh ar do chumas an duine lena mbaineann a aithint m.sh. Tionlacaí Bus 1, Tionlacaí Bus 2.

Ainm & Seoladh na Scoile				
Uimhir Rolla na Scoile				
Sonraí an fhostaí nach féidir leis nó léi freastal ar an ionad oibre				
Teideal an Phoist				
Dáta Tosaigh na hAsláithreachta				
Dáta Deiridh na hAsláithreachta (nuair is bainteach)				
Sonraí faoi uaireanta freastail ar conradh.	**Laethanta**	**Socruithe oibre ar conradh**		
		Líon na n-uaireanta a oibríodh		**Uaireanta sa Lá**
		Ó	**Go dtí**	
	Dé Luain			
	Dé Máirt			
	Dé Céadaoin			
	An Déardaoin			
	Dé hAoine			
	Líon iomlán na n-uaireanta sa tseachtain			

Sonraí an Éilimh ar Íocaíocht (Tá éilimh le cur isteach mar riaráiste ag deireadh gach tréimhse 2 mhí, m.sh. tá éilimh i leith Mhí Mheán Fómhair agus Mhí Dheireadh Fómhair le cur isteach i Mí na Samhna. B'fhéidir go mbeifear in ann glacadh le héilimh níos minice má bhíonn deacrachtaí airgeadais ag scoil.)				
An Tréimhse dá dTagraíonn an tÉileamh ar Íocaíocht		**Ó:______________________ Go: ________________**		
Líon iomlán na n-uaireanta a bhfuil íocaíocht á héileamh ina leith (gan laethanta Dúnta	**An ráta in aghaidh na huaire a íocadh** (ach gan ÁSPC an	**Íocaíocht comhlán Lena nÁirítear Pá Saoire** (gan ÁSPC an	**ÁSPC an fhostóra**	**Íocaíocht iomlán a éilíodh**

Scoile agus Laethanta Saoire Bainc a chur san áireamh. Mar sin féin, is féidir íocaíocht a éileamh i leith teidlíochtaí Saoire Bainc atá iníoctha faoi théarmaí an Achta um Eagrú Ama Oibre 1997)	fhostóra a chur san áireamh)	fhostóra a chur san áireamh)		

Dearbhú:
1. Dearbhaím go bhfuil an fostaí seo folláin ó thaobh na hoibre de ach tá sé ráite i dTuarascáil um Measúnú Riosca na Seirbhíse Sláinte Ceirde go bhfuil sé nó sí i mbaol an-ard nó i mbaol ard breoiteachta ó COVID-19 a tholgadh agus gur tugadh comhairle dó nó di cocún a dhéanamh.

2. Tuigim go bhfuil an fostaí seo folláin ó thaobh oibre de ach tá sé ráite i dTuarascáil um Measúnú Riosca na Seirbhíse Sláinte Ceirde go bhfuil sé nó sí i mbaol an-ard nó i mbaol ard breoiteachta ó COVID-19 a tholgadh agus gur tugadh comhairle dó nó di cocún a dhéanamh ach go bhfuil an té sin ar fáil chun obair a dhéanamh ó chian. Deimhním gur sannadh dualgais ábhartha don fhostaí a mhéid ab fhéidir, lena n-áirítear dualgais lasmuigh dá ghnáthdhualgais nó dá gnáthdhualgais nuair nach raibh sé indéanta oibriú go cianda ina ról reatha.

3. Dearbhaím go bhfuil an t-iarratas seo ar íocaíocht Tionlacaí ionaid Bus bunaithe ar na huaireanta seachtainiúla conarthacha atá ann cheana don Tionlacaí Bus.

4. Deimhním go bhfuil an fhaisnéis uile atá leagtha amach san fhoirm iarratais seo ceart agus tuigim go bhféadfadh an fhaisnéis a sholáthraítear a bheith faoi réir iniúchta agus fíoraithe ag an FSSU.

____ **Dáta** ______________________________
Síniú Phríomhoide na Scoile

_______________________________________ **Dáta** ______________________________
Síniú Chathaoirleach an Bhoird Bhainistíochta

Seol an fhaisnéis seo ar ais chomh luath agus is féidir leat chuig **An Roinn Oideachais agus Scileanna, an Roinn Iompair Scoile, Bóthar Port Laoise, An Tulach Mhór, Co Uibh Fhailí**

D’úsáid oifigiúil amháin:	
Íocaíocht iomlán dlite: €	
Arna ullmhú ag:	**Dáta:**
Arna fhormheas ag:	**Dáta:**