



TO BE COMPLETED INDIVIDUALLY FOR EACH SPECIAL CENTRE SUPERINTENDENT

## STATE EXAMINATIONS 2023

CLAIM FOR REFUND OF FEES PAID TO SCHOOL APPOINTED SUPERINTENDENTS  
WHERE REASONABLE ACCOMMODATION ARISES

Name (BLOCK CAPITALS): \_\_\_\_\_ PPS NO: \_\_\_\_\_

School: \_\_\_\_\_ School Roll No: \_\_\_\_\_

Separate Centre Number	Exam Number OR if * SHARED CENTRE: A, B, C etc.	Primary Duties i.e. Superintendent, Reader, Scribe	Date	Rate €63.88/€48.75 (Non-SNA/SNA)	Session Please Tick v		Total Amount
					AM	PM	
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Sub - Total:

Plus 0.5% PRSI:

TOTAL:

* SHARED CENTRE CANDIDATE EXAMINATION NUMBERS:		
A:	B:	C:
D:	E:	F:
G:	H:	I:
Shared centre number:		

Signed: \_\_\_\_\_  
Superintendent

Approved SNA (Y/N): \_\_\_\_\_

SNA's Own Candidate (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION:**

I certify that

- (a) The person named above has carried out their duties in a satisfactory manner.  
 (b) I have paid to the Revenue Commissioners the appropriate PAYE / PRSI and USC.  
 (c) I have paid to the Revenue Commissioner's the employers PRSI and applied PRSI class J1.

Signed: \_\_\_\_\_  
Principal

Date: \_\_\_\_\_

**Please note: Use only ONE signed Form SP1 2023 for each superintendent**