



Coimisiún na Scrúduithe Stáit
State Examinations Commission

E.A.1 2024

**EXAMINATION AIDE
SCHOOL REIMBURSEMENT FORM 2024**

NAME OF SCHOOL: _____ SCHOOL ROLL NO: _____

1. TOTAL NUMBER OF CANDIDATES SITTING 2024 WRITTEN EXAMINATIONS:

(*SEE RELEVANT TABLE OF CIRCULAR S S24/2024):

2(a). **ORALS:** NUMBER OF DAYS FOR WHICH REMUNERATION IS SOUGHT (*max 8-10 days).

PASTORAL SUPPORT: NUMBER OF DAYS FOR WHICH RENUMERATION WAS SOUGHT (max 5 days)

2(b). **EXAMINATIONS:** NUMBER OF DAYS FOR WHICH REMUNERATION IS SOUGHT (*max 15 days).

2(c). **SUNDAY SUPPORT DAYS TO SEC SUPER:** NUMBER OF DAYS FOR WHICH REMUNERATION IS SOUGHT (*max 2 days. 2 days may be claimed for the Sunday).

2(d). IF CLAIMING ADDITIONAL DAYS RELATED TO THE EXTENSION OF LEAVING CERTIFICATE TIMETABLE PLEASE TICK RELEVANT BOX(S) BELOW:

24/06/2024

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25/06/2024

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3. DATES FOR WHICH REIMBURSEMENT IS SOUGHT:

4. EXAMINATION AIDE NAME: _____

5. AMOUNT PAID TO EXAMINATION AIDE:

No. of Days _____ @ daily rate of **€160.62** = € _____
+ 0.5% Employers PRSI = € _____

TOTAL AMOUNT = € _____

SIGNATURE: _____ **DATE:** _____
SIGNATURE OF EXAMINATION AIDE (TO ACKNOWLEDGE RECEIPT)

Declaration

I certify I have paid the Revenue Commissioners the appropriate PAYE, PRSI & USC.
I certify I have paid the Revenue Commissioners the employers PRSI.
I now claim a total refund of € _____ (which includes the Employer PRSI @ class J1).

SIGNATURE OF PRINCIPAL: _____ **DATE:** _____