

TO BE COMPLETED INDIVIDUALLY FOR EACH SPECIAL CENTRE SUPERINTENDENT

STATE EXAMINATIONS 2024

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

Name (BLOCK CAPITALS):			PPS NO:				
School:		School Roll No:					
						sion	
Separate Centre	Exam Number OR	Primary Duties i.e.	Date	Rate €66.13/€50.47	Please	e Tick √	Total Amount
Number	if * SHARED CENTRE:	Superintendent,		(Non-SNA/SNA)	AM	PM	
	A, B, C etc.	Reader, Scribe	10100				
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			-		Sub -	Total:	
* SHARED CENTRE CANDIDATE EXAMINATION NUMBERS:			Plus 0.5% PRSI:				
A:	B:	C:			т	OTAL:	
D:	E:	F:					
G:	H:	l:					
Shared centre number	er:	•	1				
Signed:Superintendent			Approved SNA (Y/N): SNA's Own Candidate (Y/N):				
			SILASOWII			•	
DECLARATION:			Date:			_	
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:			Date:				
J.B.I.Cu.	Principal		Juic			_	

Please note: Use only ONE signed Form SP1 2024 for each superintendent