



Coimisiún na Scrúduithe Stáit
State Examinations Commission

E.A.1 2026

EXAMINATION AIDE / DESIGNATED PERSON SCHOOL REIMBURSEMENT FORM 2026
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NAME OF SCHOOL: _____ **SCHOOL ROLL NO:** _____

1. TOTAL NUMBER OF CANDIDATES SITTING 2026 WRITTEN EXAMINATIONS: _____

(*SEE RELEVANT TABLE OF CIRCULAR S17/2026):

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

PASTORAL SUPPORT: NUMBER OF DAYS FOR WHICH RENUMERATION WAS SOUGHT (max 6 days) _____

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

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). _____

IF CLAIMING ADDITIONAL DAYS RELATED TO THE EXTENSION OF LEAVING CERTIFICATE TIMETABLE PLEASE TICK RELEVANT DAYS BELOW:

MON 22ND JUNE 2026: _____

TUES 23RD JUNE 2026: _____

RACE (S14/26) Interim Additional Time Arrangements (*max 2 days) _____ days

3. EXAMINATION AIDE / DESIGNATED PERSON NAME: _____

4. AMOUNT PAID TO EXAMINATION AIDE:

No. of Days _____ @ daily rate of **€172.60** = € _____
+ 0.7% Employers PRSI = € _____

5. **DESIGNATED PERSON:** Visual Impaired Candidates under the care Visiting Teacher Service: _____ days @ daily rate of **€86.30** = € _____

+ 0.7% Employers PRSI = € _____

TOTAL AMOUNT (4 + 5) = € _____

SIGNATURE: _____ **DATE:** _____
SIGNATURE OF EXAMINATION AIDE/DESIGNATED PERSON (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:** _____