

APPLICATION FOR PAYMENT OF ACTING UP P.O.R. ALLOWANCE [C.L. 0008/13, C.L. 0003/12, C.L. 11/05, C.L. 0022/09 & C.L. 0053/11](#)

SECTION A: TO BE COMPLETED BY APPLICANT

NAME OF ABSENT POST HOLDER	
TYPE OF POST	
SCHOOL NAME	
SCHOOL ROLL NUMBER	
CLAIMANT PAYROLL NUMBER	
CLAIMANT PPS NUMBER	

INITIAL CLAIM (Must Be Pre 1 st March 2009)		INTERIM CLAIM		FINAL CLAIM	
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In accordance with [C.L.0008/13, C.L.0003/12, C.L.0053/11, C.L.11/05, C.L.0022/09](#), and as per Point 4 of the [Information Note – Clarification of Circular Number 0022/09](#) I hereby wish to claim payment of the above allowance for the period from / / to / / .

Signature of Claimant: _____

SECTION B: CERTIFICATION BY SCHOOL MANAGEMENT

I hereby certify that:-

1. _____ carried out the duties specified hereunder
for the period _____ to _____

Nature of duties:

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2. Reason for the Initial Absence _____
3. Reason for Current Absence _____
4. The duties could not be distributed among other holders of Posts of Responsibility in the school.
5. I verify that all holders of permanent, permanent part time, CID full-time, CID Part-time, Fixed term full time, Fixed term part-time contracts were consulted and indicated that they were not prepared to carry out the duties.
6. This application complies with the terms of [C.L. 0008/13, C.L. 0003/12, C.L. 0053/11, C.L. 11/05, C.L. 0022/09](#) and is in accordance with Point 4 of the [Information Note – Clarification of Circular Number 0022/09](#)

Signature of Principal/Manager: _____

Date: _____

Data Protection

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A. If the information you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought here

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Current POR quota: AP _____ SD _____ Amount being paid AP _____ SD _____

Input for pay issue 20____ By _____ Date _____

Checked by _____ Date _____