

DEPARTMENT OF EDUCATION AND SKILLS

FOREIGN LANGUAGE ASSISTANT SCHEME 2019/2020

APPLICATION BY SCHOOLS/ETB's TO RECOUP PAYMENTS
TO ASSISTANT OF LIVING ALLOWANCE FOR PERIOD
APRIL AND MAY 2020

**IF THIS CLAIM IS NOT RECEIVED IN THIS SECTION BY CLOSE OF BUSINESS ON
22/05/2020
THE CLAIM WILL NOT BE PAID UNTIL DECEMBER 2020**

School Name: _____ School Roll No: _____

School Address: _____

ETB (if appropriate) _____

Details of Assistant

USE A SEPARATE FORM FOR EACH ASSISTANT ASSIGNED TO YOUR SCHOOL/ETB

Name of Assistant: (Block Capitals ONLY) _____

Nationality: _____

Period of living Allowance @ €918 per month from: _____ to _____

Total amount being claimed: _____

I hereby certify that the above named person will be paid in full for the months of April and May, 2020 during the exceptional school closure due to COVID-19

Yes: _____

No: _____

In the case of an ETB school, this form must be signed by both the School Principal and the C.E. of the ETB.

Signed: _____ Date: _____ Signed: _____ Date: _____
School Principal. C.E. of ETB-. (If ETB school)

Claim to be returned by email to:- teachersna fla@education.gov.ie

Eileen Boyce, Teacher/SNA Terms and Conditions,
Department of Education and Skills, Cornamaddy, Athlone, Co Westmeath N37 X659
Phone: 090 64 83826

Official Use Only: FMS No. _____ Amount Approved: _____

Approved by: _____ Date: _____ May 2020

Secondary Approved by: _____ Date: _____ May 2020