



Circular 0040/2006

To the Management Authorities of Primary Schools

National Day of Protest Friday, 9 December, 2005

The Department issued a statement on 6 December, 2005 indicating that deductions from pay would be made in all cases of absences from work of teachers and other school employees who decided to attend the National Day of Protest at various centres throughout the country. Such absences are regarded as unauthorised absences.

Accordingly, you are requested to submit on the enclosed form details of any unauthorised **Child-Care Worker** absences from your school on Friday, 9 December, 2005 and to give specific details of the duration of the unauthorised absences on that day.

The information is required to allow for any necessary adjustment to salary in respect of the absence of the staff member concerned. Any Child-Care Worker, who had an unauthorised absence on 9 December, 2005, will be notified in advance of any deduction from salary being made.

Deduction will be made on the basis of the Child-Care Worker's hourly rate of pay. The hourly rate of pay for salary in respect of an absence on that day will be calculated by dividing the annual salary by 1,670 hours (52.18 are the number of weeks worked per annum and 32 is the normal working week for Child-Care Workers - annual hours 1,670). Deduction from salary will be made before the end of the current school year.

Management authorities are requested to bring the contents of this circular to the attention of the Child-Care Workers in the school.

An Irish version of this circular and form is available, on request.

If you have any query in relation to this Circular please contact the SNA Payroll Section, Payroll Division at 090 648 4136 or e-mail your query to sna_pay@education.gov.ie

P. Maloney,
Principal Officer.

May, 2006.

DEPARTMENT OF EDUCATION & SCIENCE

**Details of absences of Child-Care Workers on
Friday, 9 December, 2005, National Day of Protest**

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Name & Address of School:	
School Telephone No:	Roll No:

PPS No.	Child-Care Worker Name	Signature of CCW	Please state to the nearest hour, the duration of the absence

To be signed by the Principal Teacher:	
<i>I certify that, in so far as I am aware, the information supplied on this return is correct.</i>	
Signature:	Date:

To be signed by the Chairperson, Board of Management:	
<i>I certify that, in so far as I am aware, the information supplied on this return is correct.</i>	
Signature:	Date:
Chairpersons Telephone No:	

This form should be completed and forwarded to the SNA Payroll Section, Department of Education & Science, Cornamaddy, Athlone, Co. Westmeath by 2 June, 2006.