Appendix 3 - Deferral/withdrawal of Increment(s)

To: SNA Payroll Division

Deferral/withdrawal of Increment(s)

School Name: __________________________________________________
School Address: _________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
School Telephone Number: __________________________________________
School Roll No.: __________________________________________

The service of the Special Needs Assistant below has been assessed and their service has been deemed unsatisfactory.

Name:_________________________________________________
PPS No._____________________________

The Board of Management/Management Authority has decided that the following action would be taken:

1. Withhold SNA’s next increment until_________________________(date)
2. Withdraw ___________ (number) of increments from ___________ (date)

Signed: _______________________________________ (Chairperson to BOM/CEO)
DATE: _______________________________________

This form should be returned to the Payroll Service of the Dept. of Education & Science/VEC immediately following the decision of the Board of Management/Management Authority.

Completed forms should be returned as follows:
In the case of a SNA employed in a Primary, Secondary, Community or Comprehensive School: SNA Payroll Division, Dept. of Education & Science, Cornamaddy, Athlone, Co. Westmeath.

In the case of a SNA employed in a Vocational School or Community College to The CEO of the Vocational Educational Committee by which the SNA is employed.