





**Approved Supported Employment Costs**

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List the employees in respect of whom this claim is being made.

1 Name	2 Resides in: See note 4	3 PPS Number	4 Start Date	5 1 <sup>st</sup> /2 <sup>nd</sup> part	6 Half Aid	7 Replacement for: (name) see note 3	8 Who left on: (Date)
<b>Total Claimed:</b>							

**Notes:**

1. Tax deduction cards or equivalent print-outs from computerised payroll systems must be submitted for all employees included in this claim. These will automatically be returned to you.
2. In the case of aid approved in the name of the promoter as a sole trader, a tax clearance certificate in his/her name will be accepted in place of a tax deduction form.
3. Where an employee leaves or is dismissed and is replaced after the first part of the aid was paid, please supply the details requested in columns 7 and 8. Subsequent employees will be considered to be replacements for any who leave or are dismissed. Second part of aid may not be claimed until the combined service of the original and replacement employees has exceeded six months.
4. Please provide the name of the area in which the employee lives, rather than the full street address. Examples are "Bancroft" or "Neilstown"



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