



Wage Subsidy Scheme (WSS1 EE)

The following conditions apply to recipients of the Wage Subsidy Scheme:

- The employee must have a disability which results in a productivity shortfall of at least 20%.
- The employee must work for 21 hours or more per week.
- The employee must be provided with a signed Contract of Employment setting out the terms and conditions of employment and a Job Description (and a Person Specification if available). These must be attached to *each* Employee Application.
- The employee will be employed under the same conditions of employment as other employees, as regards PRSI, tax, leave and being paid the going rate for the job.

I/We agree to offer employment under the above Scheme to the undermentioned person.

Name of Employer: _____

Employer Address: _____

(where salaries are processed and where invoices are sent and the wage subsidy will be paid)

Employment/business location address:

(if different from above employer address)

Employer contact name:

(must be direct line Manager)

Telephone No: _____

Email: _____

FOR DEASP USE ONLY

BUSINESS No: ____/____/____/1

EMPLOYEE

REG No: _____

PPS No: _____

EMPLOYMENT

START: ____/____/____

PROPOSED

FINISH: ____/____/____

(see Employment Contract for both of the above)

EMPLOYEE

ENTRANT CODE:

NEW:

TRANSFER WITHIN WSS:

COUNTY CODE:

LOCATION CODE
OF EMPLOYMENT:

NO HOURS AGREED: _____

Case Officer: _____

DEASP Office: _____

INPUTTED BY: _____

DATE INPUTTED: ____/____/____



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Name of Employee: _____

PPS Number: _____

Address: _____

Telephone No: _____

Email: _____

Date of commencement of employment: ____/____/____

Proposed finish date: ____/____/____

Agreed hours of employment per week: _____
(must be between 21 and 39 hours per week)

Signed Contract of Employment attached:

Job Description (and Person Specification if available) attached:

Productivity Level Report form attached:

I certify that I agree that the above-named employee's productivity shortfall is/will be as stated in the Productivity Level Report form and that the employee's terms and conditions of employment are in line with the minimum wage requirements and other statutory employment provisions.

Signed: _____ **Date:** ____/____/____
Employer

Signed: _____ **Date:** ____/____/____
Employee

Freedom of Information Act, 2014 (FOI)

The DEASP undertakes to use its best endeavours to hold confidential any information provided by companies (correspondence/forms/tenders, etc.), subject to the DEASP's obligations under law, including the Freedom of Information Act, 2014. Should a company wish that any of the information it supplied not be disclosed because of its sensitivity, the company should, when providing the information, identify the same and specify the reasons for its sensitivity. The DEASP will consult with the company's representative about this sensitive information before making a decision on any FOI request received. Please note, however, that if no information is identified as sensitive, with supporting reasons, then it can potentially be released in response to a FOI request.



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Rights of Access

An employer shall grant officials of DEASP access to records, financial or otherwise, pertaining to the Wage Subsidy Scheme. At the request of DEASP, the employer will provide rights of access and inspection to DEASP, its officers and agents and the Comptroller and Auditor General to all activities, records, persons and information which DEASP may reasonably require to verify compliance by the Company with the terms and conditions agreed in relation to the Scheme.

All records, both manual and electronic, relating to funding provided under the Wage Subsidy Scheme must be retained for as long as the wage subsidy is in payment and for six years after, and must be available for inspection.

Payment of WSS may be suspended or stopped if the employer does not agree to any reasonable request from an officer or agent of the DEASP to access any records they hold pertaining to WSS.

FOR DEASP USE ONLY

Recommended: _____ Date: ____/____/____
Case Officer

Approved: _____ Date: ____/____/____
Assistant Principal