

Part 2

Employer's details

9. Employer's name:

10. Employer's address:

11. Nature of Business:

For official use only

The person named above satisfies the conditions for taking part in the Part-Time Job Incentive Scheme and will commence participation with effect from

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2	0		
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 at a weekly rate of €

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D	D
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M	M
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Y	Y	Y	Y
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The person named above does not satisfy the conditions for taking part in the Part-Time Job Incentive Scheme.

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Date:

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2	0		
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D	D
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M	M
---	---

Y	Y	Y	Y
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Signature (not block letters)

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

