

AUTHORISATION OF PAYMENT OTHER THAN SALARY: REDUNDANCY**SECTION A – DETAILS OF REDUNDANCY (TO BE COMPLETED BY THE SCHOOL)**

Name of Teacher	
TR Number	
School Name	
School Reference No.	
Date of Redundancy	

SECTION B - REASON FOR REDUNDANCY (TO BE COMPLETED BY THE SCHOOL)

What enrolment/financial changes brought about the need for redundancy?

When redundancy occurred other than as a consequence of enrolment changes, what specific curricular improvements does the school wish to institute/achieve?

What steps were taken to avoid the redundancy? If no steps were taken, the reason for this decision should be stated.

I certify that the above information is correct.

Signed on behalf of the Board of Governors: _____

Position: _____

Date: _____

SECTION C - AMOUNT OF PAYMENT
(TO BE COMPLETED BY THE EMPLOYING AUTHORITY)

		Amount £
A	Statutory payment	
B	Compensation payment	
C	Sub-total (A+B)	
D	Additional termination payment	
E	TOTAL (C+D)	

I certify that the above information is correct, to the best of my knowledge, and that the above-named employee has been made redundant under the terms of the Employment Rights (Northern Ireland) Order 1996.

Signed by: _____ Date: _____

Employing Authority (ELB/CCMS): _____

SECTION D - TO BE COMPLETED BY THE EDUCATION & LIBRARY BOARD

Payment approved by: _____ Date: _____

PRINT: _____

ELB Stamp

SECTION E - TO BE COMPLETED BY TEACHERS PAY SECTION

<p>Authorised by: (EO1)</p> <p>_____</p> <p>Date: _____</p>	<p>Input by: (AO)</p> <p>_____</p> <p>Date: _____</p>	<p>Checked by: (EO11)</p> <p>_____</p> <p>Date: _____</p>
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