

## **Income from Designated Programmes Form**

For income from Community Employment (CE), TUS or Rural Social Scheme (RSS), please ask your employer to complete this form.

Applicant's Name			
SUSI Application			
Employee's Name	è		
Employee's PPS			
Number			
Employer's Nam	ne		
Employer's Add	ress		
Please indicate t	he type of program	ıme to which this e	mployment refers:
CE	TUS	RSS	Other
Details of Other	Programme (ii ap	,	
Please provide d	ates for employme	nt on this scheme:	(YYY)
	ates for employme	· · · · · · · · · · · · · · · · · · ·	YYYY)
Please provide d  Date From: (DD/	ates for employme	nt on this scheme:	YYYY) <b>€</b>
Please provide d  Date From: (DD)  Please provide d	ates for employme MM/YYYY) etails of payment:	nt on this scheme:  Date To: (DD/MM/	
Please provide d  Date From: (DD)  Please provide d	ates for employme MM/YYYY) etails of payment:	nt on this scheme:  Date To: (DD/MM/	
Please provide d  Date From: (DD)  Please provide d	ates for employme (MM/YYYY) etails of payment:	nt on this scheme:  Date To: (DD/MM/	
Please provide d  Date From: (DD/  Please provide d  Weekly Rate  Please tick if pa	ates for employme (MM/YYYY) etails of payment:	nt on this scheme:  Date To: (DD/MM/Y  Year Total  Qualified	€ Qualified
Please provide d  Date From: (DD/  Please provide d  Weekly Rate  Please tick if pa	ates for employme  MM/YYYY)  etails of payment:  €  yment included	nt on this scheme:  Date To: (DD/MM/Y  Year Total  Qualified	€ Qualified
Please provide d  Date From: (DD/  Please provide d  Weekly Rate  Please tick if pa amounts for	ates for employme  MM/YYYY)  etails of payment:  ©  yment included  ed Adult (if in	nt on this scheme:  Date To: (DD/MM/Y  Year Total  Qualified	€ Qualified
Please provide d Date From: (DD) Please provide d Weekly Rate Please tick if pa amounts for	etails of payment:   TMM/YYYY)  etails of payment:	nt on this scheme:  Date To: (DD/MM/Y  Year Total  Qualified	€ Qualified
Please provide d  Date From: (DD)  Please provide d  Weekly Rate  Please tick if pa amounts for  Name of Qualific respect of a par Grant Application	etails of payment:   TMM/YYYY)  etails of payment:	nt on this scheme:  Date To: (DD/MM/Y  Year Total  Qualified	€ Qualified



Name of Qualified Child (If in respect of SUSI Grant Applicant)	
Total Amount paid for Qualified Child	€

Signature of		Date	,
Employee			
Signature of		Date	,
Employer			
Company/Employer S	Stamp		

Please Note: Forms that are not signed and stamped by all parties will not be accepted by SUSI. This will result in delays when processing your application.