



## Statement of Holiday Earnings

This form must be completed by your employer (signed and stamped) if you are unable to provide copies of payslips for Holiday Earnings. (i.e. income earned outside of term time)

Maximum allowable deduction for Holiday Earnings is €4500.

|                             |  |
|-----------------------------|--|
| <b>Applicant's Name</b>     |  |
| <b>Applicant's W Number</b> |  |

|                           |  |
|---------------------------|--|
| <b>Employer's Name</b>    |  |
| <b>Employer's Address</b> |  |

Please enter details of holiday earnings in the table below. Please ensure to indicate the year in which holiday earnings occurred.

| Year 2017 <input type="radio"/> | Time Period                             | Year 2018 <input type="radio"/> | Week No. | (week ending) DD/MM/YYYY | Amount € |
|---------------------------------|---|---------------------------------|----------|--------------------------|----------|
|                                 | Easter week 1                           |                                 |          |                          |          |
|                                 | Easter week 2                           |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 1  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 2  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 3  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 4  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 5  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 6  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 7  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 8  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 9  |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 10 |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 11 |                                 |          |                          |          |
|                                 | Summer(June, July, August Only) week 12 |                                 |          |                          |          |
|                                 | Christmas week 1                        |                                 |          |                          |          |
|                                 | Christmas week 2                        |                                 |          |                          |          |
|                                 |   |                                 |          | <b>TOTAL</b>             | <b>€</b> |

If additional income was earned outside the above dates while on holidays from school/college, please provide details below. You will also need a letter from your college confirming that the dates were outside the normal term time for your course.

|                                  |  |
|----------------------------------|--|
| <b>Dates of work undertaken:</b> |  |
| <b>Amount earned:</b>            |  |

I declare the above information to be true and correct.

|                               |  |             |  |
|-------------------------------|--|-------------|--|
| <b>Signature of Applicant</b> |  | <b>Date</b> |  |
| <b>Signature of Employer</b>  |  | <b>Date</b> |  |

Company Stamp

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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.