

THIS REMUNERATION FORM IS TO BE USED ONLY BY TRAINERS SELECTED BY THE INSTITUTE FOR EDUCATION

TRAINER REMUNERATION FORM

Month :

Year :

Session Title:

School:

Trainer:

ID:

Tel. Home/Mob:

Tel. Office:

Address:

Government
Employee:

Yes

No

Paylist

No.:

Name of Bank:

IBAN No:

Breakdown of service delivered

Calendar Date	Time	Hours delivered	Number of Participants
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total No. of Hours			

Trainer's declaration

I attest that the attendance sheet attached is correct and that I have performed:

hours **outside school hours @ €22 per hour** =
amounting to a total of €

TRAINER'S REMARKS : (Please include details which may be necessary to clarify the request, such as cancellation of sessions, replacement of other trainers, etc.)

Signature:

Date:

Certified Correct by Head of School

Name :

Signature:

Date:

Signature of IfE Officer

Name :

Signature:

Date:

Office Stamp

Remuneration Form will not be processed unless complete and accompanied by signed attendance sheets.

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