



TO BE COMPLETED INDIVIDUALLY FOR EACH SPECIAL CENTRE SUPERINTENDENT

STATE EXAMINATIONS 2025

CLAIM FOR REFUND OF FEES PAID TO SCHOOL APPOINTED SUPERINTENDENTS
WHERE REASONABLE ACCOMMODATION ARISES

Name (BLOCK CAPITALS): _____ PPS NO: _____

School: _____ School Roll No: _____

Separate Centre Number	Exam Number OR if * SHARED CENTRE: A, B, C etc.	Primary Duties i.e. Superintendent, Reader, Scribe	Date	Rate €68.99/€52.64 (Non-SNA/SNA)	Session Please Tick v		Total Amount
					AM	PM	
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* SHARED CENTRE CANDIDATE EXAMINATION NUMBERS:		
A:	B:	C:
D:	E:	F:
G:	H:	I:
Shared centre number:		

Sub - Total:
Plus 0.6% PRSI:
TOTAL:

Signed: _____
Superintendent

Approved SNA (Y/N): _____
SNA's Own Candidate (Y/N): _____

Date: _____

DECLARATION:

I certify that

- (a) The person named above has carried out their duties in a satisfactory manner.
- (b) I have paid to the Revenue Commissioners the appropriate PAYE / PRSI and USC.
- (c) I have paid to the Revenue Commissioner's the employers PRSI and applied PRSI class J1.

Signed: _____
Principal

Date: _____

Please note: Use only ONE signed Form SP1 2025 for each superintendent