

## Special Needs Assistants

### Application for Job-Sharing Scheme for 2024-2025

<b>Name:</b>	
<b>School/Centre:</b>	
<b>Reason for Job Share request:</b>  Additional sheet may be attached if required.	
<b>Are you currently job-sharing?</b>	
<b>If yes, how many years?</b>	
<b>Details of current duties:</b>	

#### Declaration

I declare that I have read and agree to abide by the regulations and procedures set out in Circular Letter 41/2014 Job-Sharing Scheme for Special Needs Assistants and that the information which I have given in this application to be true and accurate.

**Signed (Staff Member):** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### *For LMETB Head Office Completion:*

Approved

☐

Refused

☐

**Comments:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Fiona Kindlon, Director of Schools

Completed form to be emailed to [leaveapplications@lmetb.ie](mailto:leaveapplications@lmetb.ie) by **1<sup>st</sup> February, 2024**