An Roinn Gnóthaí Fostaíochta agus Coimirce Sóisialaí
Department of Employment Affairs and Social Protection

Community Employment / Job Initiative AWS Summary Sheet

Project Name:	**Claim Reference:**
Project Address:	
Organisation Name:	**Application Number:**
Project Contact:	**Period End Date:**
Email:	**Cycle No:**

	W/E_/_/_____		W/E_/_/_____		W/E_/_/_____		W/E_/_/_____		Total Rate	Total Gross
	Weekly Rate	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**		
Total Employee Wages										
Total Supervisor Wages (inc. PRSI)										

Notes

Project dates	From	To	**Summary**	**Forecast**	**Actual**
Funding period			Actual number of payments made to Employees Excluding Supervisor		
Original Advance			Total Gross participant grant		
Advance recouped to date			Total Gross Supervisor Grant (inc. PRSI) Claimed		
Advance remaining					
No of actual Participants			Sub total		
No of Approved Participants					
			Less Advance Deducted		
			Total Claim Amount		

See Guidelines on completing AWS form

Monies to be reimbursed will be based on the weekly gross paid to participants and supervisors for CE/JI only

If Weekly Gross is greater than Weekly rate then a Justification must be given in the comments column

All Payroll documentation must be available for inspection.

I certify that the above information is correct and that all of the employees listed are still present, unless otherwise noted in the comments section, and that record of attendance forms are on file for all paid employees as stated in this AWS form.
I also certify that the number of participants claimed does not exceed the number insured.

Signature :_____

Date : _____

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Department of Employment Affairs
and Social Protection

Community Employment / Job Initiative - 4 Week Wages Claim Form for Participants

Project Name:	**Claim Reference:**
Project Address:	
Organisation Name:	**Application Number:**
Project Contact:	**Period End Date:**
Email:	**Cycle No:**

	Week Ending: __/__/____		Week Ending: __/__/____		Week Ending: __/__/____		Week Ending: __/__/____		Supported childcare place(s) (CEC only, Excludes JI)			
Employee Name	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Pre school**	**After school (13 & under)**	**Free Fuel (Excludes JI) (Y/N)**	**Comments**
Grand Total:												

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Community Employment / Job Initiative - 4 Week Wages Claim Form for Participants

Project Name:	**Claim Reference:**
Project Address:	
Organisation Name:	**Application Number:**
Project Contact:	**Period End Date:**
Email:	**Cycle No:**

	Week Ending: __/__/____		Week Ending: __/__/____		Week Ending: __/__/____		Week Ending: __/__/____		Supported childcare place(s) (CEC only, Excludes JI)			
Employee Name	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Pre school**	**After school (13 & under)**	**Free Fuel (Excludes JI) (Y/N)**	**Comments**
Grand Total:												

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Community Employment / Job Initiative - 4 Week Wages Claim Form for Participants

Project Name:	**Claim Reference:**
Project Address:	
Organisation Name:	**Application Number:**
Project Contact:	**Period End Date:**
Email:	**Cycle No:**

	Week Ending: __/__/____		Week Ending: __/__/____		Week Ending: __/__/____		Week Ending: __/__/____		Supported childcare place(s) (CEC only, Excludes JI)			
Employee Name	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Weekly Rate**	**Weekly Gross**	**Pre school**	**After school (13 & under)**	**Free Fuel (Excludes JI) (Y/N)**	**Comments**
Grand Total:												