

## Notification of Cessation of Community Employment Scheme Employment

(This form is *only* to be used by those who have completed **12 months or more** on the Community Employment (CE) Scheme who wish to recommence their Disability Allowance or Invalidity Pension payment on finishing their CE employment.)

### **Notification of Cessation of Community Employment Scheme**

I wish to notify the Department of Employment Affairs and Social Protection of the cessation date of my employment on the Community Employment (CE) Scheme. I finish participation on the scheme on Friday \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

I wish to re-commence my claim for Disability Allowance/Invalidity Pension (delete as applicable) after the above date. I am aware that my re-commencement is subject to continuing eligibility for receipt of the payment. **I have attached my P45/will forward my P45 as soon as possible (delete as applicable).** (Payment cannot commence without the P45 having been received by the relevant section).

### **Personal Details**

PPS: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Landline

\_\_\_\_\_ Mobile

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

### **Send to:**

**Disability Allowance Section / Invalidity Pension Section (Delete as applicable)**

Social Welfare Services Office

Government Buildings

Ballinalee Road

Longford