

DEPARTMENT OF SOCIAL PROTECTION

Department of Social Protection
High Road
Letterkenny
Co. Donegal

Client Ref No.

Employee Name

PPS No.

Commenced

Employment [F/T or P/T]

I, the above named, authorise the Department of Social Protection to release the information required below to the Donegal Local Enterprise Office.

Signed

Signed

Donegal Local Enterprise Office

FOR OFFICE USE ONLY

Please advise if the above named is on a Back to Work Allowance Yes No

Please advise if the above named is claiming any benefit Yes No

[Dept. Social Protection] *Signed*

Date

Department of Social Protection Stamp