



**LAY OFF AND SHORT TIME PROCEDURES**

**NOTES**

An employer may use Part A overleaf of this form to notify an employee of temporary lay off or temporary short time (lay off and short time are defined at the end of this page).

An employee may use Part B overleaf of this form to notify his/her employer of intention to claim a redundancy lump sum payment in a lay off or short time situation.

An employer may use Part C overleaf of this form to give counter notice to an employee who claims payment of a redundancy lump sum in a lay off/short time situation.

<b>EMPLOYER'S PAYE REGISTERED NUMBER</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Figures Letter</p>									<b>ADDRESS OF EMPLOYEE</b> _____ _____ _____								
<b>BUSINESS NAME AND ADDRESS OF EMPLOYER</b> _____ _____ _____	<b>SEX (TICK APPROPRIATE BOX)</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																
<b>DESCRIPTION OF BUSINESS IN WHICH REDUNDANCY ARISES</b>	<b>DATE OF BIRTH OF EMPLOYEE</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Day Month Year</p>																
<b>EMPLOYEE'S PERSONAL PUBLIC SERVICE NUMBER (P.P.S.) NUMBER</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Figures Letter(s)</p>									<b>DATE OF COMMENCEMENT OF EMPLOYEE'S EMPLOYMENT</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Day Month Year</p>								
<b>EMPLOYEE'S SURNAME</b>	<b>ADDRESS OF PLACE OF EMPLOYMENT</b> _____ _____																
<b>EMPLOYEE'S FIRST NAME</b>																	

**DEFINITION OF LAY OFF AND SHORT TIME**

A lay off situation exists when an employer suspends an employee's employment because there is no work available, when the employer expects the cessation of work to be temporary and when the employer notifies the employee to this effect.

A short time working situation exists when an employer, because he/she has less work available for an employee than is normal, reduces that employee's earnings to less than half the normal week's earnings or reduces the number of hours of work to less than half the normal weekly hours, when the employer expects this reduction to be temporary and when the employer notifies the employee to this effect.



**PART A:**  
**Notification to employee of TEMPORARY LAY OFF or TEMPORARY SHORT TIME**  
*Notification in respect of this part need not be in writing*

It is necessary to place you on  TEMPORARY LAY OFF  TEMPORARY SHORT TIME  
(Tick Appropriate Box)

as and from 

--	--	--	--	--	--	--	--

Day      Month      Year

by reason of \_\_\_\_\_

I expect the LAY OFF/SHORT TIME to be temporary.

Signature of Employer \_\_\_\_\_ Date: \_\_\_\_\_

**PART B:**  
**Notice of Intention to claim Redundancy Lump Sum Payment in a LAY OFF/ SHORT TIME situation**

An employee who wishes to claim a redundancy lump sum because of lay off/short time must serve notice of intention to claim in writing within four weeks after lay off/short time ceases. In order to become entitled to claim a redundancy lump sum on foot of a period of lay off, short time or a mixture of both, that period must be at least four consecutive weeks or a broken series of six weeks where all six fall within a thirteen-week period. An employee who wishes to terminate his/her contract of employment by reason of lay off or short time must give his/her employer the notice required by his/her contract or if none is required, at least one week's notice.

**An employee who claims and receives a redundancy payment in respect of lay off or short time is deemed to have voluntarily left his/her employment and therefore not entitled to notice under the Minimum Notice and Terms of Employment Acts, 1973 to 2001.**

To (Business Name of Employer): \_\_\_\_\_

I give you notice of my intention to claim a redundancy lump sum in respect of  
**LAY OFF/SHORT TIME** (delete whichever does not apply)

**From**

--	--	--	--	--	--	--	--

**To**

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Day      Month      Year      Day      Month      Year

Signature of Employee \_\_\_\_\_ Date: \_\_\_\_\_

**PART C:**  
**Counter Notice to Employee's Notice of Intention to claim a Redundancy Lump Sum**

Notification in respect of this part must be in writing and must be given to the employee within seven days of service of the employee's notice.

**I contest any liability to pay you a Redundancy Lump Sum on the grounds that it is reasonable to expect that within four weeks of the date of service of your notice, namely,**

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**(Date of Service)**

Day      Month      Year

**you will enter upon a period of employment of not less than thirteen weeks during which you will not be on lay off or short time any week.**

Signature of Employer \_\_\_\_\_ Date: \_\_\_\_\_