



Employee Set Up Form HR 101

This form is used to hire or rehire employees on SAP HR. Failure to fully complete the form will result in delays to salary payments.

Please complete in typed format (not handwritten) & tick ☒ appropriate boxes

Hire								Re-hire								Permanent								Temporary																			
Personnel Number																Start Date					D		D		M		M		Y		Y		Y		Y								
Section 1 - 7 should be completed by Employee/Payee																																											
1. Personal Information																																											
Title								Mr				Mrs				Ms				Miss				Dr				Sr.				Rev.				Fr.				Prof.			
Surname																First Name																											
Known as																Initials																											
Street Address																																											
Town/City																County																											
Eircode																Country																											
Phone No																Mobile Phone No																											
For online payslips and ESS (Employee Self Service) access- Personal Email Address																																											
Former Name																Nationality																											
Gender								Male				Female				Date of Birth					D		D		M		M		Y		Y		Y		Y								
Civil Status								Single				Married				Civil Partnership				Widowed				Divorced				Separated				Co-Habiting											
PPS Number																																											
Work Permit (if applicable)								Issue Date					D		D		M		M		Y		Y		Y		Y		Y		Y		Y										
2. Next of Kin (Emergency Contact Details)																																											
Surname																First Name																Relationship to you											
Street Address																																											
Town/City																County																											
Eircode								Country								Mobile Phone No																											
3. Employment History																																											
Note: Please ensure ASC45 are forwarded to the appropriate payroll department																																											
Are you currently directly employed by HSE/Public Service? Yes No																																											
If currently employed by HSE please provide your personnel number here																																											
Were you previously employed by HSE / Health Board / Voluntary Hospital / National Hospital/ Public Service Employer? If No please go to Section 4. Yes No																																											
If previously employed by HSE / Health Board / Voluntary Hospital / National Hospital/ Public Service Employer please provide the if following details. (Note: you have had multiple assignments with these employers please provide details of your latest employment)																																											
Name of Employer								Last Day of service									D		D		M		M		Y		Y		Y		Y		Y										
Grade								Personnel Number																																			
Are you in receipt of a pension under the Local Government Superannuation Scheme or HSE Superannuation Scheme? Yes No																																											
If Yes please provide information requested below																																											
Name of Authority/ Employer								Start Date of Payment									D		D		M		M		Y		Y		Y		Y		Y										



4. Qualification Details

Date from (DDMMYY)	Name of Qualification	SAP Catalogue	Proficiency/ Grade awarded	Qualification Code (If applicable)	Validated <i>Please (✓) tick one</i>
					Yes No
					Yes No
					Yes No
					Yes No

Irish Language Proficiency

Oral Irish	Validated	Yes	No	Written Irish	Validated	Yes	No
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5. Professional Registration

Note: only applies to Medical & Dental, Health & Social Care Professionals & Nursing.

If this section does not apply to you go to Section 6. If you have multiple registrations please complete Appendix 1 below.

Name on Registration		Registration Body	
Date of Issue	D D M M Y Y Y Y Y Y	Expiry Date	D D M M Y Y Y Y Y Y
Professional Registration/Membership Number			
Application Status (Medical Council)	Trainee Specialist Division	Internship Division	Specialist Division
			General Division
			Supervised Division
			Visiting EEA Practitioners Division

6. Bank Details *Please note all details are required including Sort Code, Account Number and IBAN

Bank Name		Bank Address	
Sort Code*		Account No*	
Payee Name			
Bank Identifier Code (BIC)			
SEPA Bank Account No (Full IBAN no dashes or spaces)*			

7. Employee Declaration

I declare that the above information is accurate and correct on the date below. I undertake to notify my employer of any changes to this information by completing and submitting the appropriate form.

Signature	Date	D D M M Y Y Y Y Y Y
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Appendix 1 Multiple Registrations

Name on Registration		Registration Body	
Date of Issue	D D M M Y Y Y Y Y Y	Expiry Date	D D M M Y Y Y Y Y Y
Professional Registration/Membership Number			
Name on Registration		Registration Body	
Date of Issue	D D M M Y Y Y Y Y Y	Expiry Date	D D M M Y Y Y Y Y Y
Professional Registration/Membership Number			



Section 8 - 15 should be completed by HBS Recruitment/Hiring Manager/Line Manager

8.Appointment Details – Please select reason for Appointment

Agency Staff Converted to EE	Urgent Service Needs(Special)	SJH Hire Pension Purposes Only	
Fill Vacancy	Redeployment	Temp Appointment from other HSE area N.B. Use HR3 Form	
Special Project	Retiree		
Student Training Post	Agency Subsumed into HSE		
Is this a Backfill position? Yes No If yes please select a reason below for Backfill.			
Maternity Leave Relief	Career Break Cover	Sick Leave Relief	Annual Leave Relief
		Locum On-Call Relief	Locum Relief
If this is a Backfill position, I confirm I have contacted my OM Administrator to create the relevant Backfill Position Number (Prefix 9).			
Replaced Employee Personnel No.			
Grade	Org Unit No.		
Position Number		Position Name	
Personnel Area		Cost Centre	
Employee Group	Permanent	Temporary	Officer
			Non Officer
Employee Sub Group	Whole-time	Part-time	Casual
			Fees/Sessions

9.Contract Type – [please attach signed contract]

Indefinite Duration	Indefinite Duration Std T&C's 06/20104	Fixed Term	Fixed Term Std T&C's 06/20104	Specified Purpose	Specified Purpose Std T&C's 06/20104
Indefinite Duration Std T&C's		Fixed Term Std T&C's		Specified Purpose Std T&C's	
Consultant Contract type			A	B	B*
			C	Other	
Expiry date of Temporary Contract					
Probation period to be served Yes No			Probationary end date (Required)		
1st probationary Review date			2 nd probationary review date		

10. Service year date (for annual leave purposes)

Note: Certain grades are entitled to incremental increases to the annual leave entitlement based on length of service in the grade. Please complete the following section so that the correct entitlement may be established.

Is the employee entitled to incremental increases to annual leave, based on the length of service? Yes No

Nursing Grades Only

If yes please enter the number of years, months and days of previous service. **Note:** Please include all previous service in publicly funded health services in Ireland and relevant nursing experience abroad

Years	Months	Days
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Other Grades

If yes please enter the number of years, months and days of relevant service at this grade. **Note:** Please include service if the employee was acting up continuously in the same grade immediately prior to start date

Years	Months	Days
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11.Work Pattern

Whole time Standard hours for this grade		Contract Hours for EE (use decimals)	
Working Week	Mon – Fri 5/5	Mon – Sun 5 / 7	Work Schedule Rule (if casual enter HRPD)
Note: Employee works a Monday to Friday roster they are classified as 5/5 & will not receive Sat allowance or Sunday/BH premium. Alternatively if an employee works on Saturday or Sunday they are classified as 5/7 & will be paid the relevant allowances & premium.			



12. Pay Details													
Annual Salary €				Level (Point of Scale)				Grade Code					
Pay Scale Type													
Next Increment due								Payroll Area/Group No					
Payroll Frequency		Weekly		Fortnightly		4 weekly		Monthly					
Work Location													
Are allowances applicable to this position? Yes No													
Please attach documentation to support payment of allowance if applicable													
Allowance Please ensure that supporting documentation is attached		Amount/Unit				Wage Type/Pay Code <i>Official Use Only</i>							
1													
2													
13. Pension Details													
Superannuation classification to be completed in all cases				Non New Entrant				New HSE Entrant				SPSPS	
PRSI Class :													
Please indicate the relevant superannuation scheme		Officer						Non Officer					
		PRSI Class A			PRSI Class D								
1956 Scheme		120				120				200			
1977[Revision Scheme] – Main Scheme		160				140				220			
Spouses' & Children's		320				320				420			
Widows' & Orphan's				N/A		300				400			
HSE Employee Superannuation Scheme – Main Scheme (Officer & Non Officers)										165			
Spouses' & Children's										325			
Public Service Pensions [Single Scheme]										170			
14(a) National Recruitment Service Signature										Date			
14 (b) Hiring Manager/Delegated Officer Declaration													
I declare that the above information is accurate and correct. I confirm that the above employee commenced employment on the date stated above and approve set up on the appropriate HR/payroll system.													
Signature						Date							
Name (Print)						Grade							
Contact Tel No						Decision Number (if applicable)							
E-Mail Address													
15. Payroll Interface (SAP phase 1 sites only)													
Location Code													
Wage Type								Employment signal					
Payroll Area Change Details						Date							
Main Pension Scheme							W&O/ Spouses Scheme						
PAC Completed													
Signed						Date							
						Email							

