



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

8.Appointment Details – Please select reason for Appointment

<input type="checkbox"/> Agency Staff Converted to EE	<input type="checkbox"/> Urgent Service Needs(Special)	<input type="checkbox"/> SJH Hire Pension Purposes Only
<input type="checkbox"/> Fill Vacancy	<input type="checkbox"/> Redeployment	<input type="checkbox"/> Temp Appointment from other HSE area N.B. Use HR3 Form
<input type="checkbox"/> Special Project	<input type="checkbox"/> Retiree	
<input type="checkbox"/> Student Training Post	<input type="checkbox"/> 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 <input type="checkbox"/>	Temporary <input type="checkbox"/>	Officer <input type="checkbox"/>	Non Officer <input type="checkbox"/>					
Employee Sub Group	Whole-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>	Fees/Sessions <input type="checkbox"/>					

9.Contract Type – [please attach signed contract]

Indefinite Duration <input type="checkbox"/>	Indefinite Duration <input type="checkbox"/>	Fixed Term <input type="checkbox"/>	Fixed Term <input type="checkbox"/>	Specified Purpose <input type="checkbox"/>	Specified Purpose <input type="checkbox"/>		
	Std T&C's 06/20104		Std T&C's 06/20104		Std T&C's 06/20104		
Indefinite Duration <input type="checkbox"/>		Fixed Term <input type="checkbox"/>		Specified Purpose <input type="checkbox"/>			
Std T&C's		Std T&C's		Std T&C's			
Consultant Contract type			A <input type="checkbox"/>	B <input type="checkbox"/>	B* <input type="checkbox"/>	C <input type="checkbox"/>	Other <input type="checkbox"/>
Expiry date of Temporary Contract							
Probation period to be served Yes <input type="checkbox"/> No <input type="checkbox"/>			Probationary end date (Required)				
1st probationary Review date			2nd 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 <input type="checkbox"/>	Mon – Sun 5 / 7 <input type="checkbox"/>	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 <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	4 weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>		
Work Location						
Are allowances applicable to this position? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Please attach documentation to support payment of allowance if applicable						

Allowance Please ensure that supporting documentation is attached	Amount/Unit	Wage Type/Pay Code Official Use Only
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	<input type="checkbox"/>	120	<input type="checkbox"/>	200	<input type="checkbox"/>
1977[Revision Scheme] – Main Scheme	160	<input type="checkbox"/>	140	<input type="checkbox"/>	220	<input type="checkbox"/>
Spouses' & Children's	320	<input type="checkbox"/>	320	<input type="checkbox"/>	420	<input type="checkbox"/>
Widows' & Orphan's		N/A	300	<input type="checkbox"/>	400	<input type="checkbox"/>

HSE Employee Superannuation Scheme – Main Scheme (Officer & Non Officers)	165	<input type="checkbox"/>
Spouses' & Children's	325	<input type="checkbox"/>
Public Service Pensions [Single Scheme]	170	<input type="checkbox"/>

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 <input type="checkbox"/>	Date								
Signed	Email								

