



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		
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	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	Valid to	D	D	M	M	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 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	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	Y			



4. Qualification Details

Date from (DDMMYY)	Name of Qualification	SAP Catalogue	Proficiency/ Grade awarded	Qualification Code (If applicable)	Validated Please (✓) tick one
					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	Expiry Date	D	D	M	M	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
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Appendix 1 Multiple Registrations

Name on Registration									Registration Body								
Date of Issue	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y
Professional Registration/Membership Number																	
Name on Registration									Registration Body								
Date of Issue	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	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
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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 06/2014	Fixed Term	Fixed Term Std T&C's 06/2014	Specified Purpose	Specified Purpose Std T&C's 06/2014
Indefinite Duration Std T&C's		Fixed Term Std T&C's		Specified Purpose Std T&C's	
Consultant Contract type			A	B	B*
Expiry date of Temporary Contract	D D M M Y Y Y Y				
Probation period to be served			Yes	No	Probationary end date (Required)
1st probationary Review date	D D M M Y Y Y Y				Y Y Y Y Y Y Y Y
2 nd probationary review date			D D M M Y Y Y Y		

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)	
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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
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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									
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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					Date						
Signed					Email						

