



Employee Set up form HR 101

This form is to be 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	

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				
Email address for online payslip and ESS (Employee Self Service) purposes									
Former Name					Nationality				
Gender	Male	Female	Date of Birth						
Civil Status	Single <input type="radio"/>	Married <input type="radio"/>	Civil Partnership <input type="radio"/>	Widowed <input type="radio"/>	Divorced <input type="radio"/>	Separated <input type="radio"/>	Co-Habiting <input type="radio"/>		
PPS Number									
Work Permit if applicable	Issue Date						Valid to		

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	If currently employed by HSE please provide details of your personnel number below
	No	
Were you previously employed by HSE / Health Board / Voluntary Hospital / National Hospital/ Public Service Employer? Yes No If No please go to section 4		
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	
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	



4. Qualification Details

										Official use only											
Name of Qualification					Date from					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

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					Expiry Date					
Professional Registration/Membership Number										
Application Status (Medical Council)		Trainee Division	Specialist	Internship	Division	Specialist	Division	General Division	Supervised Division	Visiting EEA Practitioners Division

6. Bank Details

Bank Name					Bank Address				
Sort Code					Account No				
Payee Name									
Bank Identifier Code (BIC)									
SEPA Bank Account No (IBAN)									

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				
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Appendix 1 Multiple Registrations

Name on Registration					Registration Body				
Date of Issue					Expiry Date				
Professional Registration/Membership Number									
Name on Registration					Registration Body				
Date of Issue					Expiry Date				
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 <input type="checkbox"/>	Sick Leave Relief <input type="checkbox"/>	Redeployment <input type="checkbox"/>
Fill Vacancy <input type="checkbox"/>	Urgent Service Needs(Special) <input type="checkbox"/>	SJH Hire Pension Purposes Only <input type="checkbox"/>
Special Project <input type="checkbox"/>	Locum On-Call Relief <input type="checkbox"/>	Agency Subsumed into HSE <input type="checkbox"/>
Student Training Post <input type="checkbox"/>	Locum Relief <input type="checkbox"/>	Temp Appointment from other HSE area <input type="checkbox"/> N.B. Use HR3 Form
Maternity Leave Relief <input type="checkbox"/>	Retiree <input type="checkbox"/>	

Is this a backfill position Yes No

If this is a backfill position, I confirm that I have contacted my OM Administrator to create the relevant backfill position (Prefix 9).

Replaced Employee Personnel No.								
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Grade		Org Unit No.					
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Position Number							Position Name
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Personnel Area					Cost Centre
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Employee Group	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Officer <input type="checkbox"/>	Non Officer <input type="checkbox"/>	External <input type="checkbox"/>
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Employee Sub Group	Wholetime <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>	Fees/ Sessions <input type="checkbox"/>
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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
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Indefinite Duration Std T&C's	Fixed Term Std T&C's	Specified Purpose Std T&C's
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Consultant Contract type	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> B*	<input type="checkbox"/> C	<input type="checkbox"/> Other
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Expiry date of Temporary Contract		Probation period to be served	<input type="checkbox"/> Yes <input type="checkbox"/> No
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1st probationary Review date		2nd probationary review date	
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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 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

Wholetime 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 Rule Schedule (if casual enter HRPD)
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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	<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							
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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 Entered					Employment Signal		
Payroll Area Change Details					Date		
Main Pension Scheme					W&O/Spouses Scheme		



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