Health Service Executive - Approval to Hire Form B - Replacement Posts - For All Staff Grades excluding Management & Administration Grade VIII and above

This form is to be completed in all cases where the post to be filled is a replacement of an approved and funded position. A form has to be completed for each individual post.

(All sections below must be fully completed) Section A - Details of Post where sanction is sought to fill				
Hospital Group / Hospital / CHO / Function / Location	Select from drop down list			
Job Title	Free text			
Reason for replacement	Select from drop down list			
Contract Type	Select from drop down list			
If fixed term/specified purpose, confirm that the contractual arrangements with review will be undertaken;	Select from drop down list			
If fixed term/specified purpose, confirm duration of contract; $ \\$	Free text			
WTE	Free text			
Section B - Details of Replacement Post				
Grade & Grade Code	Select from drop down list (Click here for help)			
Cost Centre	Free text			
Position Number	Free text			
Salary Scale	Free text			
Please confirm that the post has been reviewed by the appropriate service/line manager and by Finance/HR at local level and it is deemed necessary for it to be filled to provide existing levels of service	Select from drop down list			
Please note that the position may be repl	laced by a lower grade but	t CANNOT be replaced by a higher grade		
Date Vacant	Free text			

Please note that the position may be replaced by a lower grade but CANNOT be replaced by a higher grade				
Date Vacant	Free text			
Grade & Grade Code of Vacancy	Select from drop down list			

I wish to certify the following:

- This request to recruit was examined by the relevant HR/Finance Control Group and approved for filing on
- The terms and conditions for the post are fully compliant with public sector pay policy and pay scales.
- The request does NOT breach the allocated pay envelope and is sustainable into the next financial year.

Line Manager		
Signed: (Electronic signature also accepted)		Sig (Ele
Printed Name:		Prir
Grade & Grade Code:		Titl
Date:		Dat
	i L	

Approval

REO - Regional Health Authority
CEO - Hospital Group
Chief Officer - CHO
Head of Service – HSE/Voluntary Hospital/Agency

ectronic signature also accepted)

nted Name:

e:

e: