

# Shorter Working Year Scheme Application Form – HR 115

This form is to be used by employees to apply for Shorter Working Year Scheme

Information will be input on the HR /Payroll system for the purposes of Personnel and Payroll Administration.  
Please complete form in Block Capital/Tick appropriate boxes.

<b>Section 1. To be completed by the employee</b>																		
I wish to apply for inclusion in the Shorter working Year Scheme in accordance with the terms and conditions set out in Circular 023/2015 and HR Memo 039/2023.																		
Surname:									First Name:									
Grade:									Personnel No.									
Date of Birth									PPS No.									
Correspondence address																		
County:						Post Code*						Country						
Contact Phone No:									Mobile Phone No:									
e-mail address:																		
Title of Post:																		
Work Location (Address) (e.g. Hospital, PCCC area)																		
I confirm that I have read and understand the terms and conditions as per Circular 023/2015 and HR Memo 039/2023. Yes <input type="checkbox"/> No <input type="checkbox"/>																		
If this is your first application have you completed one year's continuous service with the HSE? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Date of commencement of service																		
<b>Proposed Dates of Special Leave</b>																		
Number of Weeks leave required (tick one)									2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 13 <input type="checkbox"/>									
Payment Method required (tick one)									Special administrative arrangements (Averaged Pay) <input type="checkbox"/>									
									Unpaid <input type="checkbox"/>									
From									To									
From									To									
From									To									
<b>Line Managers Details</b>																		
Surname:									First Name:									
Address																		
Contact Phone No:									Mobile Phone No:									
e-mail address:																		

Name \_\_\_\_\_ Personnel No. \_\_\_\_\_

## Declaration

1. I declare that all information given by me in this application is true and complete.
2. I understand that my acceptance of the shorter working year scheme is subject to the terms outlined in circular 023/2015 and HR Memo 039/2023.
3. I undertake that any overpayment which may arise from my participation in this Scheme will be repaid to the HSE No later than 31<sup>st</sup> December of the year the special leave is taken.
4. I understand that this leave must be used for the purpose for which it is being sought.

Signature

Date

## Section 2. To be completed by the Line Manager

Special Leave Recommended

Yes ☐ No ☐

Signature

Date

Name:

Grade

Contact Phone No:

Mobile No:

E-mail Address

## Section 3. Senior Management Approval

Special Leave Approved

Yes ☐ No ☐

Signature

Date

Name:

Grade

Contact Phone No:

Mobile No:

E-mail Address

Comments (if application is refused, state why)

**Important: If the application is approved this form must be returned to HR by 31<sup>st</sup> of October.**

## Section 4. Delegated Officer Approval

Name (Print)

Signature

Tel No

Date

Decision No

## Section 4. To be completed by Human Resources, Personnel Administration

Is Employee in receipt of interim payment?

Yes ☐ No ☐

If yes has Payroll been notified to cease interim payment

Yes ☐ No ☐

Date payroll notified to cease interim payment

System updated by

Date

Payroll Notified to set up averaged pay

Date

If Faxing please ensure Employee's Name and Personnel Number are included on each page of the form

Name \_\_\_\_\_ Personnel No. \_\_\_\_\_

<b>Section 5. Payroll Section</b>									
Name:					Signature				
Phone No:					Date				
<b>Section 6. Payroll Interface</b>									
Location Code									
Wage Type					Payroll Area				
Employment Signal					Date				
<b>Section 7. Circulation List</b>									
<b>1</b>					<b>2</b>				
<b>3</b>					<b>4</b>				