

HR103 (a) Temporary Appointment

This form should be used for Permanent Employees on a Temporary Appointment in line with the provisions of circular 17/2013. For periods of less than 3 months no payment is due. Please complete in Block Capitals/Tick appropriate boxes.

Format date fields as DDMMYYYY

Section 1. Employee Details																				
Surname:						First Name:														
Personnel No:							PPS No:													
Section 2. Period of Temporary Appointment																				
From date									End date											
If this is an extension of Temporary Appointment, was the initial period > 3 months: Yes No																				
If no, will the total period including the extension now be > 3 months: Yes No																				
Initial start date if this is an extension:								Date:												
Reason for Temporary Appointment (tick the relevant one)																				
Cover Planned Leave Permanent Vacancy																				
Section 3(a) Temporary Appointment Position Details																				
Position No								Grade	Э											
Pay Scale Type	Pay Scale Group					ale						Annual Salary								
Pay scale level	Cost Cent					ntre	e					Payroll Area								
Personnel Area						Contract Type				Indf Dur T&C 06/2014										
									 	Spec Purp T&C 06/20			14 							
Incremental date of Temporary Appointment position Date																				
Section 3(b)		-	ora	ry A	App	<u>oin</u>	tm	ent	<u>Positi</u>	<u>on</u>	Deta	ails	s fo	r ba	ackt	fill p	os	itio	<u>ns</u>	
Position No	9 0)						Grade	Э											
Reason for Temporary Appointment (tick the relevant one)																				
Maternity Leave Relief Career Break Relief Sick Leave Relief Annual Leave Relief																				
Pay Scale Type	Pay Scale Group											Annual Salary								
Pay scale level	Cost Cent				entre	e				Payroll Area										
Personnel Area						Contract Type				Indf Dur T&C 06/2014 Spec Purp T&C 06/2014										
Incremental date of Temporary Appointment position						sitio	n	Date												
I confirm that I have contacted my OM Administrator to create the relevant backfill position (Prefix 9).																				

HR103a V10 2 Revised February 2024

Section 4. Pla	nned Workin	g Hours:										
Work Schedule Rule office for list of availa		ntact your local h	HR/Payroll									
Standard Hours of th	e Higher Post:		Contracted Working Hours of Higher Post:									
Start Week of Rotation	onal		Working Week (tick the relevant one) 5 over 5 (Mon – 5 over 7 (Mon-									
Section 5. Allo Complete this section i payable will continue to Attach supporting docum	f the contract change b be paid).	results in the pay	1	,	1 /	,						
Allowance	Amount/Unit	Effective Date FORMAT DATE FIELD AS DDMMYYYY		llowance	Cease allowance payment	Wage type/ Pay Code						
Section 6. Line Managers Declaration I declare that the above information is accurate and correct on the date indicated below and that the appointment conforms with the provisions of circular 17/2013 & guidance document.												
Name:			Grade:									
Signature:			Date									
Contact Phone No:			Mobile Phone No:									
E-mail Address:												
Section 7. Employees Declaration												
I accept the tempora term and a specific p appointment.												
Signature:	Da	ite:										
Name:		Gr	ade:	<u> </u>		1 1						
Contact Phone No:	Mo	obile No:										
e-mail address:												
Section 8. De	legated Offic	er / HR Mar	ager Ai	proval								
Name (Print)			ınature	•								
Tel No.			ate :									
Decision No.		1		<u> </u>								
Section 9. To	be complete	d by Humai	n Resou	ırces, P	ersonnel Ad	lministration						
System Updated By	•			•								
Grade:	-	D	ate									
Comments:		1	l	, , , , , , , , , , , , , , , , , , ,								
Section 10. Payroll Interface (Sap Phase I specific)												
Location:		Wa	Wage Type:									
Payroll Area:		En	Employment Signal:									
Payroll Area Change	e Details:		Date:									
System updated by:			Name:									

HR103a V10 2 Revised February 2024