

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 block capitals & place a tick ☐ in the 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 <i>Please (✓) tick one</i>															
																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																			
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																															
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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.																			
Grade										Org Unit No.									
Position Number														Position Name					
Personnel Area														Cost Centre					
Employee Group Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>						Officer <input type="checkbox"/> Non Officer <input type="checkbox"/> External <input type="checkbox"/>													
Employee Sub Group		Wholetime <input type="checkbox"/>				Part-time <input type="checkbox"/>				Casual <input type="checkbox"/>				Fees/ Sessions <input type="checkbox"/>					
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*		C		Other			
Expiry date of Temporary Contract																Probation period to be served Yes No			
1st probationary Review date																2 nd probationary review date			
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			
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			
11. Work Pattern																			
Wholetime Standard hours for this grade								Contract Hours for EE (use decimals)											
Working Week		Mon – Fri 5/5				Mon – Sun 5 / 7				Work Rule Schedule (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.																			
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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																
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								
14 (b) Hiring Manager/Delegated Officer Declaration																
I declare that the above information is accurate and correct. approve set up on the appropriate HR/payroll system.								I confirm that the above employee commenced employment on the date stated above and								
Signature				Date												
Name (Print)				Grade												
Contact Tel No				Decision Number (if applicable)												
E-Mail Address																
16. Payroll Section																
Location Code																
Name (Print)								Signature								
Tel No								Date								
17. Payroll Interface (phase 1 Only)																
Wage Type Entered						Employment Signal										
Payroll Area Change Details						Date										
Main Pension Scheme						W&O/Spouses Scheme										
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