

External Person Hire Form

For Hire of External Persons only

This form is to be used to set up External Managers on SAP for ESS/MSS approval and to hire Agency Staff /External Contractors

| | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|
| Start Date | D | D | M | M | Y | Y | Y | Y |
|------------|---|---|---|---|---|---|---|---|

1. Personal Information

| | | | | | | | | | | | | | |
|--------------------------------|--|---------------------------------|----------------------------------|--|----------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---|---|---|---|---|
| Title | | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> | Dr <input type="checkbox"/> | Prof. <input type="checkbox"/> | | | | | | | |
| Surname | | | | First Name | | | | | | | | | |
| Known as | | | | Initials | | | | | | | | | |
| Phone No | | | | Mobile Phone No | | | | | | | | | |
| Work Email address (Mandatory) | | | | | | | | | | | | | |
| Ariba Requisitioner | | | | Ariba Approver | | | | | | | | | |
| Former Name (Optional) | | | | Nationality (Optional) | | | | | | | | | |
| Gender | | Male | Female | Date of Birth | | D | D | M | M | Y | Y | Y | Y |
| Civil Status | | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Civil Partnership <input type="checkbox"/> | Widowed <input type="checkbox"/> | Divorced <input type="checkbox"/> | Separated <input type="checkbox"/> | Co-Habiting <input type="checkbox"/> | | | | | |
| PPS Number | | | | | | | | | | | | | |

2. Declaration

I declare that the above information is accurate and correct on the date below. I undertake to notify the HSE of any changes to this information by completing and submitting the appropriate form.

| | | | | | | | | | | | | | |
|-----------|--|--|--|------|--|---|---|---|---|---|---|---|---|
| Signature | | | | Date | | D | D | M | M | Y | Y | Y | Y |
|-----------|--|--|--|------|--|---|---|---|---|---|---|---|---|

Section 3 - 4 should be completed by Hiring Manager/Delegated Officer

3. Appointment Details – Please select reason for Appointment

| | | | | | | | | | | | |
|---|--|--|--|---------------------------|--|--|--|--------------------------|--|--|--|
| Employee Group: 5 - External | | | | Employee Sub Group: | | | | 61 - External Contractor | | | |
| | | | | 62 - Manager Self Service | | | | 63 - Agency Staff | | | |
| Payroll Area: 99 (Non Payroll Relevant) | | | | Contract: External | | | | | | | |
| Position Number | | | | Position Name | | | | | | | |
| Personnel Area | | | | Org Unit No. | | | | | | | |

4. Hiring Manager/Delegated Officer Declaration

I declare that the above information is accurate and correct. I confirm that the above person commenced employment on the date stated above and approve set up as an External Person.

| | | | | | | | | | | | | | |
|----------------|--|--|--|---------------------------------|--|---|---|---|---|---|---|---|---|
| Signature | | | | Date | | D | D | M | M | Y | Y | Y | Y |
| Name (Print) | | | | Grade | | | | | | | | | |
| Contact Tel No | | | | Decision Number (if applicable) | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | | |