



Féilmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Change To Employee Terms and Conditions

## HR 102

This Form is to be used when there is a change to employee's contractual terms and conditions due to one of the reasons listed in Section 2. This form should be completed by the line manager in conjunction with the employee, and must be approved by the appropriate authorised/delegated officer and forwarded to Personnel Administration, Human Resources. Please complete form in Block Capitals/Tick appropriate boxes.

Section 1. Employee Details												
Surname						First Name						
Grade						Personnel Number						
Location						PPS No						
Section 2. Reason for Contract Change												
												Place (✓) in appropriate box
Promotion								Return from Internal Secondment				
Internal Secondment								Renewal of Contract				
Change of Contract Hours								NCHD Extension of Contract				
Job Sharing								Job Sharing Renewal				
Grade Change								Return from Job Sharing				
Non officer to Officer								Return from Special Leave with Nominal Pay				
Return from Career Break				Reference Number:				Cessation of Temporary Appointment				
Temporary to Permanent Contract								Officer to Non Officer				
Return from Flexible working								External Secondment				
								Transfer				
Section 3: Effective Dates												
Date Change Effective from						Date Change Effective to (If appropriate)						
Section 4. Organisation Details												
Cost Centre:				Care Group:				Personnel Area				
Position Number to be assigned						Position Name						
Employee Group		Permanent <input type="checkbox"/>		Temporary <input type="checkbox"/>		Officer <input type="checkbox"/>		Non Officer <input type="checkbox"/>				
If on a Temporary Contract please confirm contract expiry date												
Employee Sub Group												
Whole time <input type="checkbox"/>		Part time <input type="checkbox"/>		Casual <input type="checkbox"/>		Fees/Sessions <input type="checkbox"/>		Flexible Wking <input type="checkbox"/>		Job Share <input type="checkbox"/>		
Contract type												
Indefinite Duration <input type="checkbox"/>			Indefinite Duration Std T&Cs <input type="checkbox"/>			Fixed Term <input type="checkbox"/>			Fixed Term Std T&Cs <input type="checkbox"/>			
Indefinite Duration Std T&Cs 06/2014 <input type="checkbox"/>			Fixed Term Std T&Cs 06/2014 <input type="checkbox"/>			Specified Purpose Std T&Cs 06/2014 <input type="checkbox"/>						

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

Employee Name \_\_\_\_\_ Personnel Number \_\_\_\_\_

Specified Purpose <input type="checkbox"/>	Specified Purpose Std T&Cs <input type="checkbox"/>
Expiry/review date	Replaced Employee Personnel Number

### Section 5. Working Week

Standard Full Time hours for this grade	Weekly Contracted hours (use decimals)
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#### Work Schedule rule details (SAP Phase II Sites Only)

Working Week	Mon – Fri 5/5 <input type="checkbox"/>	Mon – Sun 5 / 7 <input type="checkbox"/>
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Note if an employee works a Monday to Friday roster they are classed as 5/5. These employees will never be paid Saturday allowance, Sunday premiums or Public Holiday premiums. Alternatively if an employee may work on a Saturday or Sunday they are classed as 5/7, this will allow them to be paid the relevant allowances and premiums

Work Schedule Rule*	Start week of Rotational Roster
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\* (If employee is casual, enter HRPD)

### Section 6. Pay Details

Work Location	
Annual Salary	Level (point on Scale)
Pay Scale Type	Pay Scale Area
Grade Code	
Next Increment due	
Payroll Area / Group:	Pay slip distribution Internal <input type="checkbox"/> External <input type="checkbox"/>
Payroll Frequency	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

### Section 7. Allowances

Complete this section if the contract change results in the payment / cessation of an allowance

Attach supporting documentation if appropriate

Allowance	Amount/Unit	Effective Date	Pay Allowance	Cease allowance payment	Wage type/ Pay Code
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

### Section 8. Employee Declaration

I declare that the above information is accurate and correct on the date indicated below.

Signature:	Date:
Name:	Grade:
Contact Phone Number:	Mobile Number:

### Section 9. Line Managers Declaration

I declare that the above information is accurate and correct on the date indicated below.

Name:	Grade:
Signature:	Date:
Contact Phone Number:	Mobile Phone Number:

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

Employee Name \_\_\_\_\_ Personnel Number. \_\_\_\_\_

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E-mail Address:

**Section 10. Delegated Officer Approval – Regional HR**

Name:	Signature:
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Contact Phone Number:	Date:										
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**Section 11. To be Completed by Human Resources Personnel Administration**

System updated by:	Date:										
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Comments:

**Section 12. Payroll Section**

Location Code											
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Name:	Signature
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Tel Number:	Date										
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**Section 13. Payroll Interface (Phase 1)**

Location				Wage Type							
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Payroll Area				Employment Signal							
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Payroll Area Change Details				Effective Date							
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Updated by:	Date										
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**Section 14: Area Employment Monitoring Group**

Approval Number:	Date:										
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**Section 15. Circulation List**

1	2
3	4
5	6
7	8

