

Career Break Application Form HR 105

Instructions on completing the attached Application Form

Applicant

Completed forms should be submitted to your Department Head for consideration of approval.

Department Head

Please acknowledge to the applicant receipt of their Career Break application.

Please complete portion of application in which you are required to make your decision on the application. **Note** any decision to defer or refuse an application must be accompanied by a written explanation for the decision taken.

The applicant should be advised of the decision to approve/defer or refuse their application in writing.

Career Break Application Form HR 105

You are advised to read this form, in particular section 6 which sets out the main terms and conditions governing the Career Break Scheme before signing. If you have any queries you should seek clarification from your manager or local HR Department.

1. To be completed by the employee

I wish to apply for a Career Break in accordance with the terms and conditions of the HSE Career Break Scheme. I agree that should my application be approved I will notify my Line Manager of any circumstances that would change the terms and conditions applicable to the granting of a Career Break.

Surname:								First Name:							
PPS No								Personnel Number							
Grade								Position							
Street Address															
Town/City															
County						Post Code					Country				
Phone No:								Mobile Phone No:							
Work Location															
Is this your first application for a Career break with the HSE? If yes please go to section 2												Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you previously been granted a period of Career Break leave by the HSE?												Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you answered yes to the question above please provide the dates of your previous career break leave (Note an employee can avail of a maximum of 5 years leave for career break purposes)															
From								To							

2. Reason for application

Please (✓) Tick one

Domestic Reasons <input type="checkbox"/>	Educational Purposes <input type="checkbox"/>	Foreign Travel <input type="checkbox"/>	Other <input type="checkbox"/>
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Full Details

3. Period of Leave you wish to apply for

From								To							
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4. HSE Transfer Scheme

If you are currently on a transfer list, you should indicate here whether or not you wish to be made offers of transfers while on Career Break

I am currently on the transfer list for:

I do / do not wish to be made offers to that location (those locations) while on a career break

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

Name: _____ Personnel No: _____

5. Contact details while on Career Break

Street Address:

Town/City

County

Post Code

Country

Phone No:

Mobile Phone No:

E-mail Address:

6. Undertaking

I understand the terms and conditions governing my career break. My attention has been particularly drawn to the following provisions regarding return to work following the expiry of my career break and the use of my career break for a purpose other than that specified in my application.

- During the career break an employee is not permitted to work for another employer (with the exception of persons who take up employment during travel abroad).
- The employee must apply in writing to return to work at least 3 months before his/her proposed date of return.
- The employee's right to return to work is conditional on compliance with this 3-month notification requirement. Failure to comply with this requirement may result in the termination of the employee's contract of employment upon the expiry of the term of the career break.
- There may be a waiting period of up to one year (unpaid) before the employee is permitted to return to work.
- The employee is not guaranteed a return to his or her previous job/location.
- The Career Break period will not reckon for pension purposes and that the employee can opt to purchase this service at a later date under the terms of the notional purchase scheme.
- The employee will be required to undergo Garda Vetting/Police Clearance on return from a career break.

I understand that my career break expires on:

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- Notify my local HR department of any change of address for correspondence purposes within one week of such change;
- Respond promptly to any correspondence from the HSE concerning my intentions on the expiry of my career break or any other matters concerning my career break;
- Give at least **3 months' notice in writing** to my local HR department of my intention to return to work and my proposed date of return.
- Comply with Garda Vetting/Police Clearance as required.
- Return to duty on such date following the expiry of my career break as directed.
- In the event of my failing to report for duty on that date, the HSE may terminate my employment.

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

Name: _____ Personnel No: _____

7. Declaration

I declare the information given above is true and correct. I also declare that I understand all the terms and conditions of the Career Break Scheme. I understand that the leave must be used for the purpose for which it is being sought and that while on a career break I am not permitted to work for another employer within the Irish State.

Signed:	Date:								
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8. Approval

I have reviewed the above application for the leave requested.

Application Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If application is not approved please state reasons for refusal:

A copy of the completed signed form should be given to the employee to be retained by him/her while on career break.

9. HSE Property on Loan

Before commencing a career break all HSE property on loan to an employee must be returned

Have items on loan to the employee been recovered	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **no**, please ensure that items are recovered before the employee departs

If **yes**, please list items below (e.g. Laptop, Mobile phone, keys, etc.)

List of items on Loan	Employee Initials	Line Managers Initials	Date of return

10. Recovery of Monies owed by Employee

Please ensure that you notify payroll of any monies owing from the employee

Leave owed by the employee	Leave Entitlement (Hours)	Leave Taken (Hours)	Leave Overtaken (Hours)
Annual Leave (Confirmed)			
Public Holidays (Confirmed)			
Does the employee Owe monies for payroll rationalisation technical adjustment in 2004			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has payroll been notified of technical adjustment payment			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does employee owe monies to the HSE under the Free Funds Initiative (FFI) funding			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has interim payment been ceased?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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

Name: _____ Personnel No: _____

11. Line Managers Declaration

I declare that the above information is accurate and correct

Name (Print)	Grade								
Signature	Date								
Phone No:	Mobile Phone No:								
E-mail Address:									

12. Delegated Officer Approval

Name (Print)	Signature:								
Tel No	Date								
Decision No									

13. To be completed by Human Resources/ Line Manager

Does incremental Date need to be amended	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Does probation period need to be amended	Yes <input type="checkbox"/> No <input type="checkbox"/>								
System updated by	Date								
Comments:									

14. Payroll Section

Location Number			
Name (Print)	Signature		
Checked by Payroll <input type="checkbox"/>			
Phone Number	Date		

15. Payroll Interface (if applicable)

Employment signal entered		Increment date reviewed	<input type="checkbox"/>	Reference leave date entered	<input type="checkbox"/>
Org. Assignment Position Employment Level 0%					
Signed	Date				

16. Circulation list

1	2
3	4
5	6