

## Health Service Executive - Approval to Hire Form A – New Posts – For All Staff Grades excluding Management & Administration Grade VIII and above

This form is to be completed in all cases where a new post is created, subject to approval, to address changes to service delivery either through suppression or reassignment of an existing vacancy, with validation of same and confirmation of budget required. A form has to be completed for **each individual** post. In this case there will be no additional growth in WTE and therefore these new posts **do not** require a Primary Notification letter.

**(All sections below must be fully completed)**

Section A - Details of Post where sanction is sought to fill		
Service Area	Select from drop down list	
Hospital Group / Hospital / CHO / Function / Location	Select from drop down list	
Health Region	Select from drop down list	
Grade & Grade Code	Select from drop down list <small>(Click <a href="#">here</a> for help)</small>	
Job Title	Free text	
Contract Type	Select from drop down list	
If fixed term/specified purpose, confirm that the contractual arrangements with review will be undertaken;	Select from drop down list	
If fixed term/specified purpose, confirm duration of contract;	Free text	
WTE	Free text	
Position number	Free text	
Cost Centre	Free text	
Salary Scale	Free text	
Funding Code and Approval Funding letter attached?	Select from drop down list	

Section B - Details of post(s) to be suppressed for reconfiguration Position			
		<b>Post 1</b>	<b>Post 2 (if applicable)</b>
Location	Free text		
Cost Centre	Free text		
Grade & Grade Code	Select from drop down list		
Position Number	Free text		
WTE Value	Free text		
Date Last Filled	Free text		

**I confirm and certify that the cost of the filling of the post is within the allocated funded workforce plan and sustainable into next financial year. I also certify that the terms and conditions for the post are fully compliant with public sector pay policy and pay scales.**

### Line Manager

Signed:  
*(Electronic signature also accepted)*

Printed Name:

Grade & Grade Code:

Date:

### Approval

REO - Health Region  
CEO - Hospital Group  
Chief Officer - CHO  
Head of Service – HSE/Voluntary Hospital/Agency

Signed:  
*(Electronic signature also accepted)*

Printed Name:

Title:

Date:

Completed form to accompany order form/recruitment request to HR Shared Services or other authorised recruitment function  
Further information related to Guidance for approval to recruit can be found [here](#)