

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

This form is to be completed in all cases where the post to be filled is a **replacement** of an approved and funded position. A form has to be completed for **each individual** post.

**(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	
Job Title	Free text	
Reason for replacement	Select from drop down list	
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	

Section B - Details of Replacement Post		
Grade & Grade Code	Select from drop down list <i>(Click <a href="#">here</a> for help)</i>	
Cost Centre	Free text	
Position Number	Free text	
Salary Scale	Free text	
Please confirm that the post has been reviewed by the appropriate service/line manager and by Finance/HR at local level and it is deemed necessary for it to be filled to provide existing levels of service	Select from drop down list	

Please note that the position may be replaced by a lower grade but CANNOT be replaced by a higher grade		
Date Vacant	Free text	
Grade & Grade Code of Vacancy	Select from drop down list	

**I wish to certify the following:**

- This request to recruit was examined by the relevant **HR/Finance Control Group** and approved for filing on
- The terms and conditions for the post are fully compliant with public sector pay policy and pay scales.
- The request does NOT breach the allocated pay envelope and is sustainable into the next financial year.

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:

Further information related to Guidance for approval to recruit can be found [here](#)