

Approval to Hire Form B1 – Replacement Senior Manager

HSE - Approval to Hire Form B1 – Replacement Senior Level Posts – Management/Admin (All sections below must be fully completed, incomplete applications will be returned not processed)

Section A Details of New Senior Manager Post where sanction is sought to fill		
Location	Select from drop down list	
Service Area	Select from drop down list	
Hospital Group / Hospital / CHO / Function / Location	Select from drop down list If not on list provide detail	
Grade & Grade Code	Select from drop down list	
Job Title	Free text	
Contract Type	Select from drop down list	
Contract duration	Free text	
If fixed term/ specified purpose, confirm that the appropriate contractual arrangements with review will be undertaken	Select from drop down list	
WTE	Free text	
Position Number	Free text	
Is Position Number vacant?	Select from drop down list If "other", provide details:	
Date post became vacant	Free text	
Reason for replacement	Select from drop down list If "other", provide details:	
Date of first filling of post	Free text	
Provide position number for first filling (if different to above)	Free text	
Provide primary notification & SWP&I log number for first filling after July 2016	Free text	
Please confirm that the post has been reviewed by the appropriate Service/Line Manager and HR at local level and it is deemed necessary for filling	Select from drop down HR Managers Name	
Please confirm that this posts has been assessed by the hiring manager to ensure this is the best utilisation of this post please completed Section B re a revised utilisation of post	Select from drop down Hiring Managers Name	
Please confirm that consideration has been given in the context of Regional Health Authorities	Select from drop down list	
Is this post considered critical as apposed to desirable within the objectives of the organisation	Select from drop down	
Section B Revised utilisation of replacement post (This section should be completed where a more beneficial utilisation of the post (GM & Grade VIII) is applied for. In the event that this is a substantial change in role function from that previously approved by DoH, this/these post(s) may require updated sanction by the DoH. This will be advised and supported by National HR as part of the replacement application process.)		
Section C Assessment of critical need for filling this replacement post (Completed for National Director Equivalent or Assistant National Director or Head of Service)		
C1. Background Context (This section should set out the context in which this posts is to be replaced and the critical expertise required for continuity of service)		
C2. Consideration of this role in the context of the Regional Health Authorities (This section should include detail of how this post will fit within the context of the planned Regional Health Authorities and consideration given to redeployment of the remaining equivalent grade in current contract)		

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C3. Impact of not replacing this post
 (This section must clearly set out the impact of not filling inclusive of assessment using the HSE Risk Assessment tool and rating (Click Here) with the justification of rating applied)

Section D Funding confirmation by Local Finance Manger

Signed:
 (Electronic Signature also accepted)
 Printed Name: _____ Date: _____
 Title: _____

Section E Recommended by CEO - HG / CO-CHO / CEO Voluntary Hospital / Agency / NAS / Head of Function

Signed:
 (Electronic signature also accepted)
 Printed Name: _____ Date: _____
 Title: _____

Section F Approved by National Director or equivalent

Signed:
 (Electronic signature also accepted)
 Printed Name: _____ Decision: _____
 Title: _____ Date: _____

I request approval to replace this senior level post as outlined above. I confirm and certify that the cost of the filling of the post is within the current Pay and Numbers Strategy. I further confirm that the proposed salary scale and remuneration arrangements are in line with Public Health Sector Pay Policy.

Sections G to K for completion by Strategic Workforce Planning and Intelligence, National Human Resources

Section G Recommendation by Executive Team Member

Signed: _____ Date: _____
 (Electronic Signature also accepted)
 Printed Name: _____ Recommendation: _____

Section H Decision by National Director Human Resources Member

Signed: _____ Date: _____
 (Electronic Signature also accepted)
 Ms Anne Marie Hoey
 National Director Human Resources
 Health Service Executive
 Decision: _____

Section I Decision by Chief Finance Officer

Signed: _____ Date: _____
 (Electronic Signature also accepted)
 Mr Stephen Mulvany
 Chief Finance Officer
 Health Service Executive
 Decision: _____

Section J Decision by Chief Executive Officer

Signed: _____ Date: _____
 (Electronic Signature also accepted)
 Mr Bernard Gloster,
 Chief Executive Officer
 Health Service Executive
 Decision: _____

Section K Approval to Initiate Recruitment Process

Strategic Workforce Planning Stamp	Signed:	Approved/Not Approved	Approved From
	Dr Philippa Ryan Withero Assistant National Director Strategic Workforce Planning & Intelligence Health Service Executive	SWP&I Log Number:	Position Number: