Employee Set Up Form HR101

This form is used to hire or rehire employees on SAP HR. Failure to fully complete the form will result in delays to salary payments.

Please complete in typed format (not handwritten) & tick ☑ appropriate boxes

Hire ☐ Re-hire ☐		Permanent ☐ Temporary ☐	
Personnel Number		Start Date	D D M M Y Y Y Y

Section 1 - 7 should be completed by Employee/Payee

1. Personal Information

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Sr. ☐ Rev. ☐ Fr. ☐ Prof. ☐

Surname	First Name
Known as	Initials
Street Address	
Town/City	County
Eircode	Country
Phone No	Mobile Phone No

Personal Email Address - Required For the purposes of online payslips, Employee Self Service (ESS), Payroll and Pension correspondence.

Former Name		Nationality	
Gender Male ☐ Female ☐		Date of Birth	D D M M Y Y Y Y
Civil Status Single ☐ Married ☐ Civil Partnership ☐ Widowed ☐ Divorced ☐ Separated ☐ Co-Habiting ☐			
PPS Number			
Work Permit (if applicable)	Issue Date D D M M Y Y Y Y	Valid to	D D M M Y Y Y Y

2. Next of Kin (Emergency Contact Details)

Surname	First Name	Relationship to you
Street Address		
Town/City		County
Eircode	Country	Mobile Phone No

3. Employment History

Note: Please ensure ASC45 are forwarded to the appropriate payroll department

Are you currently directly employed by HSE/Public Service? **Yes** ☐ **No** ☐

If currently employed by HSE please provide your personnel number here

Were you previously employed by HSE / Health Board / Voluntary Hospital / National Hospital/ Public Service Employer? If No please go to Section 4.

Yes ☐ **No** ☐

If previously employed by HSE / Health Board / Voluntary Hospital / National Hospital/ Public Service Employer please provide the if following details. (Note: you have had multiple assignments with these employers please provide details of your latest employment)

Name of Employer		Last Day of service	D D M M Y Y Y Y
Grade		Personnel Number	

Are you in receipt of a Public Service Pension? **Yes** ☐ **No** ☐
If yes, local HR/NPA to advise National Pensions Management.

If **Yes** please provide information requested below

Name of Authority/ Employer		Start Date of Payment	D D M M Y Y Y Y

4. Qualification Details

Date from (DDMMYY)	Name of Qualification	*SAP Catalogue*	Proficiency/ Grade awarded	Qualification Code (If applicable)	Validated *Please (✓) tick one*
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐
					Yes ☐ No ☐

Irish Language Proficiency

Oral Irish	Validated	Yes ☐	No ☐	Written Irish	Validated	Yes ☐	No ☐

5. Professional Registration

Note: only applies to Medical & Dental, Health & Social Care Professionals & Nursing.

If this section does not apply to you go to Section 6. If you have multiple registrations please complete Appendix 1 below.

Name on Registration		Registration Body	
Date of Issue	D D M M Y Y Y Y	Expiry Date	D D M M Y Y Y Y
Professional Registration/Membership Number			

Application Status (Medical Council)	Trainee Specialist Division	Internship Division	Specialist Division	General Division	Supervised Division	Visiting EEA Practitioners Division
	☐	☐	☐	☐	☐	☐

6. Bank Details *Please note all details are required including Sort Code, Account Number and IBAN

Bank Name		Bank Address	
Sort Code*		**Account No***	
Payee Name			
Bank Identifier Code (BIC)			

SEPA Bank Account No **(Full IBAN** no dashes or spaces)*

7. Employee Declaration

I declare that the above information is accurate and correct on the date below. I undertake to notify my employer of any changes to this information by completing and submitting the appropriate form.

Signature		Date	D D M M Y Y Y Y

Appendix 1 Multiple Registrations

Name on Registration		Registration Body	
Date of Issue	D D M M Y Y Y Y	Expiry Date	D D M M Y Y Y Y
Professional Registration/Membership Number			
Name on Registration		Registration Body	
Date of Issue	D D M M Y Y Y Y	Expiry Date	D D M M Y Y Y Y
Professional Registration/Membership Number			

Section 8 - 15 should be completed by HBS Recruitment/Hiring Manager/Line Manager

8. Appointment Details – Please select reason for Appointment

☐ Agency Staff Converted to EE	☐ Urgent Service Needs(Special)	☐ SJH Hire Pension Purposes Only
☐ Fill Vacancy	☐ Redeployment	☐ Temp Appointment from other HSE area **N.B. Use HR3 Form**
☐ Special Project	☐ Retiree	
☐ Student Training Post	☐ Agency Subsumed into HSE	

Is this a **Backfill** position? Yes ☐ No ☐ If yes please select a **reason** below for Backfill.

Maternity Leave Relief ☐	Career Break Cover ☐	Sick Leave Relief ☐	Annual Leave Relief ☐	Locum On-Call Relief ☐	Locum Relief ☐

If this is a **Backfill** position, I confirm I have contacted my OM Administrator to create the relevant **Backfill Position Number** (Prefix 9). ☐

Replaced Employee Personnel No.				
Grade		Org Unit No.		
Position Number		Position Name		
Personnel Area		Cost Centre		
Employee Group	*Permanent* ☐	*Temporary* ☐	**Officer** ☐	**Non Officer** ☐
Employee Sub Group	Whole-time ☐	Part-time ☐	Casual ☐	Fees/Sessions ☐

9. Contract Type – [please attach signed contract]

Indefinite Duration ☐	Indefinite Duration ☐ Std T&C's 06/20104	Fixed Term ☐	Fixed Term ☐ Std T&C's 06/20104	Specified Purpose ☐	Specified Purpose ☐ Std T&C's 06/20104
Indefinite Duration ☐ Std T&C's		Fixed Term ☐ Std T&C's		Specified Purpose ☐ Std T&C's	

Consultant Contract type	**A** ☐	**B** ☐	**B*** ☐	**C** ☐	**Other** ☐

Expiry date of Temporary Contract (D D M M Y Y Y Y)				
Probation period to be served Yes ☐ No ☐		Probationary end date (Required) (D D M M Y Y Y Y)		
1st probationary Review date (D D M M Y Y Y Y)		2nd probationary review date (D D M M Y Y Y Y)		

10. Service year date (for annual leave purposes)

Note: Certain grades are entitled to incremental increases to the annual leave entitlement based on length of service in the grade. Please complete the following section so that the correct entitlement may be established.

Is the employee entitled to incremental increases to annual leave, based on the length of service? Yes ☐ No ☐

Nursing Grades Only

If yes please enter the number of years, months and days of previous service. Note: Please include all previous service in publicly funded health services in Ireland and relevant nursing experience abroad	Years	Months	Days

Other Grades

If yes please enter the number of years, months and days of relevant service at this grade. N**ote**: Please include service if the employee was acting up continuously in the same grade immediately prior to start date	Years	Months	Days

11. Work Pattern

Whole time Standard hours for this grade		Contract Hours for EE (use decimals)	

Working Week Mon – Fri 5/5 ☐ Mon – Sun 5 / 7 ☐ Work Schedule Rule (if casual enter HRPD)

Note: Employee works a Monday to Friday roster they are classified as 5/5 & will not receive Sat allowance or Sunday/BH premium. Alternatively if an employee works on Saturday or Sunday they are classified as 5/7 & will be paid the relevant allowances & premium.

12. Pay Details

Annual Salary €	Level (Point of Scale)	Grade Code					
Pay Scale Type							
Next Increment due								Payroll Area/Group No
Payroll Frequency	Weekly ☐	Fortnightly ☐	4 weekly ☐	Monthly ☐			
Work Location							
Are allowances applicable to this position?	Yes ☐	No ☐					
Please attach documentation to support payment of allowance if applicable							

Allowance Please ensure that supporting documentation is attached	**Amount/Unit**	**Wage Type/Pay Code** *Official Use Only*
1		
2		

13. Pension Details

Superannuation classification to be completed in all cases — Non New Entrant ☐ — New Entrant ☐ — SPSPS ☐

PRSI Class :

Please indicate the relevant superannuation scheme	Officer				Non Officer	
	PRSI Class A		PRSI Class D			
1956 Scheme	120	☐	120	☐	200	☐
1977[Revision Scheme] – Main Scheme	160	☐	140	☐	220	☐
Spouses' & Children's	320	☐	320	☐	420	☐
Widows' & Orphan's		N/A	300	☐	400	☐

HSE Main Superannuation Scheme – Class A	165	☐
HSE Main Superannuation Scheme – Class D	168	☐
HSE Spouses' & Children's Scheme	325	☐
Public Service Pensions [Single Scheme]	170	☐

14(a) National Recruitment Service Signature

Date

14 (b) Hiring Manager/Delegated Officer Declaration

I declare that the above information is accurate and correct. I confirm that the above employee commenced employment on the date stated above and approve set up on the appropriate HR/payroll system.

If contract details supplied on Pension Abatement Assessment Form during Stage 2 are different, please resubmit revised form ☐

Signature	Date
Name (Print)	Grade
Contact Tel No	Decision Number (if applicable)
E-Mail Address	