



Employee Set up form HR 101

This form is to 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 block capitals & place a tick in the appropriate boxes

Hire <input type="checkbox"/> Re-hire <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
Personnel Number	Start Date

Section 1 - 7 should be completed by Employee/Payee

1. Personal Information

Title										Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Sr. <input type="checkbox"/>	Rev. <input type="checkbox"/>	Fr. <input type="checkbox"/>	Prof. <input type="checkbox"/>
Surname					First Name													
Known as					Initials													
Street Address																		
Town/City					County													
Eircode					Country													
Phone No					Mobile Phone No													

Email address for online payslip and ESS (Employee Self Service) purposes

Former Name	Nationality
-------------	-------------

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth							
--------	---	---------------	--	--	--	--	--	--	--

Civil Status										Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partnership <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Co-Habiting <input type="checkbox"/>
--------------	--	--	--	--	--	--	--	--	--	---------------------------------	----------------------------------	--	----------------------------------	-----------------------------------	------------------------------------	--------------------------------------

PPS Number									
------------	--	--	--	--	--	--	--	--	--

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 P45 / Certificate of Tax Cut Off / PRD45 are forwarded to the appropriate payroll department

Are you currently directly employed by HSE/Public Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	If currently employed by HSE please provide details of your personnel number below

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

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

Name of Employer	Last Day of service								
Grade	Personnel Number								

Are you in receipt of a pension under the Local Government Superannuation Scheme or HSE Superannuation Scheme? Yes No

If **Yes** please provide information requested below

Name of Authority/ Employer	Start Date of Payment								
-----------------------------	-----------------------	--	--	--	--	--	--	--	--

4. Qualification Details

			Official use only													
Name of Qualification	Date from						Proficiency/ Grade awarded	Qualification Code (if applicable)						Validated <i>Please (✓) tick one</i>		
																Yes <input type="checkbox"/> No <input type="checkbox"/>
																Yes <input type="checkbox"/> No <input type="checkbox"/>
																Yes <input type="checkbox"/> No <input type="checkbox"/>
																Yes <input type="checkbox"/> No <input type="checkbox"/>

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							Expiry Date										
Professional Registration/Membership Number																	
Application Status (Medical Council)	Trainee Division <input type="checkbox"/>	Specialist <input type="checkbox"/>	Internship <input type="checkbox"/>	Division <input type="checkbox"/>	Specialist <input type="checkbox"/>	Division <input type="checkbox"/>	General Division <input type="checkbox"/>	Supervised Division <input type="checkbox"/>	Visiting EEA Practitioners Division <input type="checkbox"/>								

6. Bank Details

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

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						
-----------	--	--	--	--	--	--	------	--	--	--	--	--	--

Appendix 1 Multiple Registrations

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

Fill Existing Vacancy <input type="checkbox"/>	Sick Leave Relief <input type="checkbox"/>	Redeployment <input type="checkbox"/>
Fill New Vacancy <input type="checkbox"/>	Urgent Service Needs(Special) <input type="checkbox"/>	SJH Hire Pension Purposes Only <input type="checkbox"/>
Special Project <input type="checkbox"/>	Locum On-Call Relief <input type="checkbox"/>	Agency Subsumed into HSE <input type="checkbox"/>
Student Training Post <input type="checkbox"/>	Locum Relief <input type="checkbox"/>	Temp Appointment from other HSE area <input type="checkbox"/> N.B. Use HR3 Form
Agency Staff Converted to EE <input type="checkbox"/>	Maternity Leave Relief <input type="checkbox"/>	Retiree <input type="checkbox"/>

Replaced Employee Personnel No.									
Grade				Org Unit No.					
Position Number				Position Name					
Personnel Area				Cost Centre					
Employee Group Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	Officer <input type="checkbox"/> Non Officer <input type="checkbox"/> External <input type="checkbox"/>								
Employee Sub Group	Wholetime <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>	Fees/ Sessions <input type="checkbox"/>					

9. Contract Type – [please attach signed contract]

Indefinite Duration <input type="checkbox"/>	Indefinite Duration Std T&C's 06/2014 <input type="checkbox"/>	Fixed Term <input type="checkbox"/>	Fixed Term Std T&C's 06/2014 <input type="checkbox"/>	Specified Purpose <input type="checkbox"/>	Specified Purpose Std T&C's 06/2014 <input type="checkbox"/>
Indefinite Duration Std T&C's <input type="checkbox"/>	Fixed Term Std T&C's <input type="checkbox"/>		Specified Purpose Std T&C's <input type="checkbox"/>		
Consultant Contract type	A <input type="checkbox"/>	B <input type="checkbox"/>	B* <input type="checkbox"/>	C <input type="checkbox"/>	Other <input type="checkbox"/>
Expiry date of Temporary Contract	Probation period to be served			Yes <input type="checkbox"/> No <input type="checkbox"/>	
1st probationary Review date	2 nd probationary review date				

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 length of service? Yes No

Nursing Grades Only

<i>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</i>	Years	Months	Days
---	-------	--------	------

Other Grades

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

11. Work Pattern

Wholetime Standard hours for this grade	Contract Hours for EE (use decimals)
Working Week Mon – Fri 5/5 <input type="checkbox"/> Mon – Sun 5 / 7 <input type="checkbox"/> Work Rule Schedule (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 <input type="checkbox"/>		Fortnightly <input type="checkbox"/>		4 weekly <input type="checkbox"/>		Monthly <input type="checkbox"/>			
Work Location												
Allowance Please ensure that supporting documentation is attached			Amount/Unit				Wage Type/Pay Code <i>Official Use Only</i>					
1												
2												
13. Pension Details												
Superannuation classification to be completed in all cases Non New Entrant <input type="checkbox"/> New HSE Entrant <input type="checkbox"/> SPSPS <input type="checkbox"/>												
PRSI Class (as per P60) :												
Please indicate the relevant superannuation scheme		Officer				Non Officer						
		PRSI Class A		PRSI Class D								
1956 Scheme		120	<input type="checkbox"/>	120	<input type="checkbox"/>	200		<input type="checkbox"/>				
1977[Revision Scheme] – Main Scheme		160	<input type="checkbox"/>	140	<input type="checkbox"/>	220		<input type="checkbox"/>				
Spouses' & Children's		320	<input type="checkbox"/>	320	<input type="checkbox"/>	420		<input type="checkbox"/>				
Widows' & Orphan's		N/A		300	<input type="checkbox"/>	400		<input type="checkbox"/>				
HSE Employee Superannuation Scheme – Main Scheme (Officer & Non Officers)						165	<input type="checkbox"/>					
Spouses' & Children's						325	<input type="checkbox"/>					
Public Service Pensions [Single Scheme]						170	<input type="checkbox"/>					
14(a) HBS Recruit 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.												
Signature						Date						
Name (Print)						Grade						
Contact Tel No						Decision Number (if applicable)						
E-Mail Address												
16. Payroll Section												
Location Code												
Name (Print)						Signature						
Tel No						Date						
17. Payroll Interface (phase 1 Only)												
Wage Type Entered							Employment Signal					
Payroll Area Change Details						Date						
Main Pension Scheme												
W&O/Spouses Scheme												
HR 101_V16 March 2022				Page 4 of 5				Revised 02/03/2022				

PAC Completed	<input type="checkbox"/>	Date									
Signed	Email										