

Employee Set up form HR 101

This form is to be 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	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											
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																
Work Permit if applicable					Issue Date					Valid to						

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 <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 <input type="checkbox"/> No <input type="checkbox"/> If No please go to section 4		
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	
Grade	Personnel Number	
Are you in receipt of a pension under the Local Government Superannuation Scheme or HSE Superannuation Scheme? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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	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											Expiry Date													
Professional Registration/Membership Number																								
Application Status (Medical Council)	Trainee Division	Specialist	Internship	Division	Specialist	Division	General Division	Supervised Division					Visiting EEA Practitioners Division											

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																		
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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

Agency Staff Converted to EE <input type="checkbox"/>	Sick Leave Relief <input type="checkbox"/>	Redeployment <input type="checkbox"/>
Fill 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
Maternity Leave Relief <input type="checkbox"/>	Retiree <input type="checkbox"/>	

Is this a backfill position Yes No

If this is a backfill position, I confirm that I have contacted my OM Administrator to create the relevant backfill position (Prefix 9).

Replaced Employee Personnel No.							
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Grade		Org Unit No.				
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Position Number						Position Name	
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Personnel Area				Cost Centre	
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Employee Group	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Officer <input type="checkbox"/>	Non Officer <input type="checkbox"/>	External <input type="checkbox"/>
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Employee Sub Group	Wholetime <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>	Fees/ Sessions <input type="checkbox"/>
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9. Contract Type – [please attach signed contract]

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

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
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Other Grades

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	Years	Months	Days
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11. Work Pattern

Wholetime Standard hours for this grade		Contract Hours for EE (use decimals)	
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Working Week	Mon – Fri 5/5	Mon – Sun 5 / 7	Work Rule Schedule (if casual enter HRPD)
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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 <i>Official Use Only</i>					
1												
2												
13. Pension Details												
Superannuation classification to be completed in all cases				Non New Entrant			New HSE Entrant			SPSPS		
PRSI Class :												
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) National Recruitment Service Signature						Date						
14 (b) Hiring Manager/Delegated Officer Declaration												
I declare that the above information is accurate and correct. approve set up on the appropriate HR/payroll system.						I confirm that the above employee commenced employment on the date stated above and						
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				
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PAC Completed	<input type="checkbox"/>	Date									
Signed	Email										