



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 typed format (not handwritten) & tick appropriate boxes

| | | | |
|------------------|---------|------------|-----------|
| Hire | Re-hire | Permanent | Temporary |
| 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 | Female | Date of Birth | | | | | | |
| Civil Status | Single <input type="radio"/> | Married <input type="radio"/> | Civil Partnership <input type="radio"/> | Widowed <input type="radio"/> | Divorced <input type="radio"/> | Separated <input type="radio"/> | Co-Habiting <input type="radio"/> | | |
| 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 | If currently employed by HSE please provide details of your personnel number below |
| | No | |
| 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 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 No | | |
| If Yes please provide information requested below | | |
| Name of Authority/ Employer | Start Date of Payment | |



4. Qualification Details

| Date from (DDMMYY) | Name of Qualification | SAP Catalogue Code | 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 | | | | | | | | | | | | 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 | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|

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

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

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 | |
| Indefinite Duration Std T&C's | Fixed Term Std T&C's | | Specified Purpose Std T&C's | | | |
| Consultant Contract type | <input type="radio"/> A | | <input type="radio"/> B | <input type="radio"/> B* | <input type="radio"/> C | <input type="radio"/> Other |
| Expiry date of Temporary Contract | | | | | | |
| Probation period to be served | <input type="radio"/> Yes <input type="radio"/> No | | Probationary end date | | | |
| 1st probationary Review date | | | 2nd 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 | Mon – Sun 5 / 7 | 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 | 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. 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 | | | | | | | |

15. Payroll Interface (SAP phase 1 sites only)

| | | | | | | | |
|-----------------------------|--|--|--|--|--------------------|--|--|
| Location Code | | | | | | | |
| Wage Type Entered | | | | | Employment Signal | | |
| Payroll Area Change Details | | | | | Date | | |
| Main Pension Scheme | | | | | W&O/Spouses Scheme | | |



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