



Féilimannacht na Seirbhíse Stáite
Health Service Executive

HSE Leaving Form – HR106

This form is to be completed by Employees and Managers of Employees who are leaving the Health Service Executive

This form is also used for Employees leaving and moving to another Health Service Executive Payroll Area.

Please forward the form to your HR/Personnel Administration Department for processing

Please complete form in Block Capitals/Tick appropriate boxes.

Section 1. To be completed by the employee													
Surname							First Name						
Work Location							Personnel No.						
Date Of Birth							PPS No.						
Work e-mail address: _____@hse.ie													
PC Login Name _____													
List of applications used _____													
Last day on Pay													
Last day on pay must be inclusive of Annual Leave/Public Holiday hours compensated for payment in Section 8 ie. extra hours due plus basic salary will be paid in final pay.													
Please tick if you are leaving and moving to another payroll area within the HSE. State payroll area you are moving to _____													
Section 2. Reason for Leaving. Please (✓) Tick one													
Resignation Tendered							<input type="checkbox"/>	Suppression of Post (without immediate payment of pension entitlements)				<input type="checkbox"/>	
Family Reasons							<input type="checkbox"/>	Dismissal (To be completed by Line Manager/ HR)				<input type="checkbox"/>	
Further Training / Education							<input type="checkbox"/>	Voluntary Redundancy (without immediate payment of pension entitlements)				<input type="checkbox"/>	
Going Abroad							<input type="checkbox"/>	End of Contract				<input type="checkbox"/>	
Death* (To be completed by Line Manager/ HR)							<input type="checkbox"/>	Personal Reasons				<input type="checkbox"/>	
End of Training							<input type="checkbox"/>	No Promotional Opportunities				<input type="checkbox"/>	
Unsuitable Hours							<input type="checkbox"/>	Other reason				<input type="checkbox"/>	
If Other Reason Please specify: _____													
Exceeds retirement age – with no entitlement to pension benefits (Not a member of HSE pension schemes)													<input type="checkbox"/>
NB! If reason for leaving is retirement please complete Retirement HR Form 107(a)													
Section 3. Pension Contributions													
If you are paying pension contributions and you have less than 2 calendar years pensionable service with the Health Service Executive, you may receive a refund of your pension contributions, net of income tax in accordance with the Taxes Consolidation Act, or alternatively you can opt to have your pension contributions retained towards future service reckonability, should you be re-employed by the Health Service Executive/Public Service/Local Authority/Semi-State Sector.													
Please tick the appropriate box.													
I request a refund of my pension contributions, net of income tax								<input type="checkbox"/>					
I request that my pension contributions be retained for the future								<input type="checkbox"/>					
If you opt to have a refund of your pension contributions it is your responsibility to ensure that we are advised of the correct address for correspondence as this amount is normally paid separately to your final pay.													

If Faxing please ensure Employee's Name and Personnel Number are included on each page of the form

Name _____ Personnel No. _____

Section 4. Correspondence Address (for receipt of written communications from the HSE)

Street Address:

Address :

County :

Country :

Post Code:

Phone No:

Mobile Phone No: .

Personal Email address to enable use of ESS or 6 months following resignation:

Section 5. Bank Details

Note: Any change of bank details can only occur on the first day of any pay period. Please contact your payroll section for details of when change may be effective from. **It is your responsibility to ensure the change has been completed on payroll before making any amendments to your old or new bank account** (e.g. Cancel or set up of standing orders / direct debits, closing old account etc.)

Bank Name

Bank address:

Bank Sort Code:

Account Number

Bank Identifier Code (BIC)

International Bank Acc No. (IBAN)

Payee Name:

Section 6. Employee Declaration

I declare that the above information is accurate and correct on the date indicated below. I authorise my employer to recover any monies owing by me from my final pay. I confirm that all expenses have been submitted for approval in advance of my leave date.

Signature:

Date

Section 7 – 10. To be completed by the Line Manager

Section 7. Objects on Loan (if Applicable)

Please list HSE property items on loan below. (e.g. Laptop, Mobile Phone, Keys, travel pass etc.)

Item	Employee Initials	Line Managers Initials	Date of Return			

Have Items on loan been recovered

Yes No

If no, please ensure that items are recovered before the employee departs.

Section 8. Leave Details

Please Note any compensation payment for leave not taken during employment must be adjusted in Payroll in advance of the leaving date (No Exceptions)

Leave Due to the Employee	Leave Entitlement (Hours)	Leave Taken (Hours)	Hours Due
Annual Leave (Confirmed)			
Public Holidays (Confirmed)			

If Faxing please ensure Employee's Name and Personnel Number are included on each page of the form

Name _____ Personnel No. _____

Section 9. Recovery of monies Owed by employee

Please ensure that you notify payroll of any monies owing from the employee

Leave owed by the employee	Leave Entitlement (Hours)	Leave Taken (Hours)	Leave Overtaken (Hours)
Annual Leave (Confirmed)			
Public Holidays (Confirmed)			
Does Employee owe monies for Payroll Rationalisation Technical Adjustment in 2004?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Has Payroll details been updated to take account of Technical Adjustment recovery?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does employee owe monies to HSE under Free Fees Initiative (FFI) Funding?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Section 10. Line Managers Declaration

I confirm that I have notified payroll in relation to the recovery of monies as outlined above and approved all outstanding expenses in advance of the employees leave date. I declare that the above information is accurate and correct.

Signature:	Date:										
Contact Tel No:	e-mail Address:										
Decision Number (if applicable)											

Section 11. Hospital Manager/HR Manager Declaration

Signature	Date										
Contact Tel No:	e-mail address:										

Section 12. Payroll Interface (SAP Phase 1 only)

Superannuation schemes delimited		Employment Signal Entered	
Leave date Entered		Org. Assignment: Position Employment Level 0%	
Signed:	Date		

Section 13. Payroll Section

Name:	Date:										
Signature:	Payroll Area:										
Contact Telephone No:	E-Mail:										