



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																			
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. To be completed by the employee

Reasons for leaving (Resignation) – Please tick **ONE** which best describes your reason for leaving

End of Training – New Role					End of Training – New Location									
Further Education – Return to Education					Further Education – Career Change									
Personal – Family/Caring					Personal – Work Life Balance									
Emigrate – Terms & Conditions					Emigrate – Career opportunity									
Emigrate - Travel					End of Contract									
New role better opportunity					Unsatisfied in current role									
Career opportunity different experience					Career opportunity more senior role									
Commute/transport difficulties					Cost of Living									
Dismissal					Death									
Voluntary Redundancy (without immediate payment of pension entitlements)					Exceeds retirement age – with no entitlement to pensions benefits (not a member of the HSE pension scheme)									

Retirement (NB If reason for leaving is retirement please also complete Retirement HR Form 107 (a))

Section 3 – Destination on Leaving (To be completed by the employee)

I am going to work in? (For destination relating to Death, Dismissal, Retirement - The destination to be selected on SAP will be the same as the reason for leaving)

Irish Private Healthcare Sector					Different country to work in Healthcare				
Non healthcare employment					Taking a break from employment				
Irish Public Health Service									

Name

Personnel No.

Section 4. 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	
I request that my pension contributions be retained for the future	
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.	

Section 5. 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 6. 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 7 .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.													
<i>Any employee in any grade where the minimum point of the salary scale applicable to that grade is equal to or greater than the first point of the Grade VIII salary scale occupies a "Designated Position of Employment" and is reminded that they are required by the Ethics in Public Office Act 1995 and Standards in Public Office Act 2001 to submit an Annual Statement of Interest in respect of the year that they leave the HSE covering the period from 1 January in that year up to the termination date of their employment. This statement must be furnished during the month of January of following year. Further info is available here or by contacting ethicsinpublicoffice@hse.ie</i>													
Signature:							Date						

Name

Personnel No.

Section 8 – 10. To be completed by the Line Manager

Section 8. 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 9. 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)			

Does Employee owe monies for Payroll Rationalisation Technical Adjustment in 2004?	Yes · No	N/A ·
Has Payroll details been updated to take account of Technical Adjustment recovery?	Yes · No ·	N/A ·
Does employee owe monies to HSE under Free Fees Initiative (FFI) Funding?	Yes · No ·	N/A ·

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:								

Name

Personnel No

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:									