



Fidilteannacht na Scríbhne Sínta
Health Service Executive

HR103 (a) Temporary Appointment

This form should be used for Permanent Employees on a Temporary Appointment in line with the provisions of circular 17/2013. For periods of less than 3 months no payment is due. Form 103b to be used for Support Service Staff where payment is due for short periods. Please complete in Block Capitals/Tick appropriate boxes. Format date fields as DDMMYYYY

Section 1. Employee Details

Surname:					First Name:				
Personnel No:					PPS No:				

Section 2. Period of Temporary Appointment

From date					End date				
If this is an extension of Temporary Appointment, was the initial period > 3 months: Yes <input type="checkbox"/> No <input type="checkbox"/>									
If no, will the total period including the extension now be > 3 months: Yes <input type="checkbox"/> No <input type="checkbox"/>									
Initial start date if this is an extension:					Date:				
Reason for Temporary Appointment (tick the relevant one)									
Cover Planned Leave <input type="checkbox"/>			Cover Unplanned Leave <input type="checkbox"/>			Permanent Vacancy <input type="checkbox"/>			

Section 3. Temporary Appointment Position Details

Position No					Grade				
Pay Scale Type		Pay Scale Group		Annual Salary					
Pay scale level		Cost Centre		Care Group (If applicable)					
Personnel Area		Contract Type							
Incremental date of Temporary Appointment position		Date							
Incremental date of substantive post		Date							
Name of substantive post holder		Position No. of substantive post holder							

Section 4. Planned Working Hours: (if applicable) (SAP Phase II Specific)

Work Schedule Rule (Code)* Please contact your local HR/Payroll office for list of available codes				
Standard Hours of the Higher Post:		Contracted Working Hours of Higher Post:		
Start Week of Rotational Roster		Working Week (tick the relevant one)	5 over 5 (Mon – Fri) <input type="checkbox"/>	5 over 7 (Mon-Sun) <input type="checkbox"/>

Section 5. Line Managers Declaration

I declare that the above information is accurate and correct on the date indicated below and that the appointment conforms with the provisions of circular 17/2013 & guidance document.				
Name:		Grade:		
Signature:		Date		
Contact Phone No:		Mobile Phone No:		
E-mail Address:				

If faxing please ensure Employee's Name and Personnel No are included on each page of the form

Employee Name: _____ Personnel No: _____

Section 6. Employees Declaration

I accept the temporary appointment as detailed above. I understand and accept that as this appointment is for a fixed term and a specific purpose and that the Unfair Dismissals Act 1977 will not apply to the termination of this temporary appointment.

Signature:	Date:										
Name:	Grade:										
Contact Phone No:	Mobile No:										
e-mail address:											

Section 7. Delegated Officer / HR Manager Approval

Name (Print)	Signature										
Tel No.	Date:										

Decision No.

Section 8. To be completed by Human Resources, Personnel Administration

System Updated By (Name):											
Grade:	Date:										
Comments:											

Section 9. Local Payroll

System updated by (Name):											
Grade:	Date:										
Contact Phone No:											

Section 10. Payroll Interface (Sap Phase I specific)

Location:	Wage Type:										
Payroll Area:	Employment Signal:										
Payroll Area Change Details:	Date:										
System updated by:	Name:										

Circulation List:

1	2
3	4
5	6

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