



## 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. Please complete in Block Capitals/Tick appropriate boxes.

Format date fields as DDMMYYYY

<b>Section 1. Employee Details</b>															
Surname:								First Name:							
Personnel No:								PPS No:							
<b>Section 2. Period of Temporary Appointment</b>															
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"/>							
<b>Section 3(a) Temporary Appointment Position Details</b>															
Position No								Grade							
Pay Scale Type				Pay Scale Group				Annual Salary							
Pay scale level				Cost Centre				Payroll Area							
Personnel Area				Contract Type				Indf Dur T&C 06/2014 <input type="checkbox"/>				Spec Purp T&C 06/2014 <input type="checkbox"/>			
Incremental date of Temporary Appointment position								Date							
<b>Section 3(b) Temporary Appointment Position Details for backfill positions</b>															
Position No				9 0				Grade							
Reason for Temporary Appointment (tick the relevant one)															
Maternity Leave Relief <input type="checkbox"/>				Career Break Relief <input type="checkbox"/>				Sick Leave Relief <input type="checkbox"/>				Annual Leave Relief <input type="checkbox"/>			
Pay Scale Type				Pay Scale Group				Annual Salary							
Pay scale level				Cost Centre				Payroll Area							
Personnel Area				Contract Type				Indf Dur T&C 06/2014 <input type="checkbox"/>				Spec Purp T&C 06/2014 <input type="checkbox"/>			
Incremental date of Temporary Appointment position								Date							
<b>I confirm that I have contacted my OM Administrator to create the relevant backfill position (Prefix 9).</b> <input type="checkbox"/>															

<b>Section 4. Planned Working Hours:</b>					
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)	5 over 7 (Mon-Sun)	
<b>Section 5. Allowances</b>					
<b>Complete this section if the contract change results in the payment / cessation of an allowance</b>					
Attach supporting documentation if appropriate					
Allowance	Amount/Unit	Effective Date <small>FORMAT DATE FIELD AS DDMMYYYY</small>	Pay Allowance	Cease allowance payment	Wage type/ Pay Code

<b>Section 6. Line Managers Declaration</b>										
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:										

<b>Section 7. Employees Declaration</b>										
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:										

<b>Section 8. Delegated Officer / HR Manager Approval</b>										
Name (Print)					Signature					
Tel No.					Date :					
Decision No.										

<b>Section 9. To be completed by Human Resources, Personnel Administration</b>										
System Updated By (Name):										
Grade:					Date					
Comments:										

<b>Section 10. Payroll Interface (Sap Phase I specific)</b>										
Location:					Wage Type:					
Payroll Area:					Employment Signal:					
Payroll Area Change Details:					Date:					
System updated by:					Name:					