

## Shorter Working Year Scheme Application Form – HR 115

This form is to be used by employees to apply for Shorter Working Year Scheme

Information will be input on the HR /Payroll system for the purposes of Personnel and Payroll Administration.  
Please complete form in Block Capital/Tick appropriate boxes.

Section 1. To be completed by the employee														
I wish to apply for inclusion in the Shorter working Year Scheme in accordance with the terms and conditions set out in Circular 023/2015 and HR memo dated 26.08.2021														
Surname:							First Name:							
Grade:							Personnel No.							
Date of Birth														
Correspondence address														
County:				Post Code*				Country						
Contact Phone No:							Mobile Phone No:							
e-mail address:														
Title of Post:														
Work Location (Address) (e.g. Hospital, PCCC area)														
I confirm that I have read and understand the terms and conditions as per Circular 023/2015 and HR Memo 2021 Yes <input type="checkbox"/> No <input type="checkbox"/>														
If this is your first application have you completed one year's continuous service with the HSE? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Date of commencement of service														
Proposed Dates of Special Leave														
Number of Weeks leave required (tick one)							2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 13 <input type="checkbox"/>							
Payment Method required (tick one)							Special administrative arrangements (Averaged Pay) <input type="checkbox"/>							
							Unpaid <input type="checkbox"/>							
From														
From														
From														
Line Managers Details														
Surname:							First Name:							
Address														
Contact Phone No:							Mobile Phone No:							
e-mail address:														

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

Name \_\_\_\_\_ Personnel No. \_\_\_\_\_

### Declaration

1. I declare that all information given by me in this application is true and complete.
2. I understand that my acceptance of the shorter working year scheme is subject to the terms outlined in circular 023/2015 and HR Memo dated 26.08.2021.
3. I undertake that any overpayment which may arise from my participation in this Scheme will be repaid to the HSE No later than 31<sup>st</sup> December of the year the special leave is taken.
4. I understand that this leave must be used for the purpose for which it is being sought.

Signature	Date								
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### Section 2. To be completed by the Line Manager

Special Leave Recommended	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signature	Date								
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Name:	Grade
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Contact Phone No:	Mobile No:
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E-mail Address
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### Section 3. Senior Management Approval

Special Leave Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signature	Date								
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Name:	Grade
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Contact Phone No:	Mobile No:
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E-mail Address
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Comments (if application is refused, state why)
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**Important: If the application is approved this form must be returned to HR by 31<sup>st</sup> of October.**

### Section 4. Delegated Officer Approval

Name (Print)	Signature
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Tel No	Date								
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Decision No
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### Section 4. To be completed by Human Resources, Personnel Administration

Is Employee in receipt of interim payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes has Payroll been notified to cease interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Date payroll notified to cease interim payment									
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System updated by	Date								
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Payroll Notified to set up averaged pay	Date								
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If Faxing please ensure Employee's Name and Personnel Number are included on each page of the form

Name \_\_\_\_\_ Personnel No. \_\_\_\_\_

Section 5. Payroll Section										
Name:					Signature					
Phone No:					Date					
Section 6. Payroll Interface										
Location Code										
Wage Type					Payroll Area					
Employment Signal					Date					
Section 7. Circulation List										
1					2					
3					4					