



## 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 in typed format (not handwritten) and tick appropriate boxes.

<b>Section 1. To be completed by the employee</b>																		
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 041/2024 dated 16.08.2024																		
Surname:						First Name:												
Grade:						Personnel No.												
Date of Birth						PPS No.												
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 041/2024 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																		
<b>Proposed Dates of Special Leave</b>																		
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																		
<b>Flexible Working Request for Caring Purposes</b>																		
Is your request for caring purposes? If yes tick the relevant box																		
a) The parent or acting in loco parentis to a child who is under 12 years of age or under 16 years if the child has a disability or illness and who is or will be providing care to the child																		
b) Providing or will provide personal care or support to a specified person namely																		
- The Employee's child																		
- Spouse or civil partner																		
- Cohabitant																		
- Parent or grandparent																		

Name

Personnel number

- Sibling
- A person other than one in the categories already specified who lives in the same household as the employee.

From	To:
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Line Managers Details	
Surname:	First Name:
Address	
Contact Phone No:	Mobile Phone No:
e-mail address:	

Declaration
<ol style="list-style-type: none"> <li>1. I declare that all information given by me in this application is true and complete.</li> <li>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 041/2024.</li> <li>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.</li> <li>4. I understand that this leave must be used for the purpose for which it is being sought.</li> </ol>

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"/>
Signature	Date
Name:	Grade
Contact Phone No:	Mobile No:
E-mail Address	

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

Comments (if application is refused, state why)

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
Tel No	Date
Decision No	

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

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

Section 5. Payroll Interface (for SAP phase 1 sites only)									
Location Code									
Wage Type				Payroll Area					
Employment Signal				Date					