



# Shorter Working Year Scheme Application Form – HR115

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*

**Sections 1 - 5 To be completed by the Employee**

**1. Personal Information**

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 043/2025 dated 15.09.2025**

|          |             |
|----------|-------------|
| Surname: | First Name: |
|----------|-------------|

|        |                                    |
|--------|------------------------------------|
| Grade: | Personnel No. <input type="text"/> |
|--------|------------------------------------|

|                                    |                              |
|------------------------------------|------------------------------|
| Date of Birth <input type="text"/> | PPS No. <input type="text"/> |
|------------------------------------|------------------------------|

|                        |  |
|------------------------|--|
| Correspondence address | <input style="width: 75%;" type="text"/> |
|                        | <input style="width: 75%;" type="text"/> |
|                        | <input style="width: 75%;" type="text"/> |

|         |            |         |
|---------|------------|---------|
| County: | Post Code* | Country |
|---------|------------|---------|

|                   |                  |
|-------------------|------------------|
| Contact Phone No: | Mobile Phone No: |
|-------------------|------------------|

Email address:

Title of Post:

|  |  |
|--|--|
| Work Location (Address)<br><small>(e.g. Hospital, PCCC area)</small> | <input style="width: 75%;" type="text"/> |
|  | <input style="width: 75%;" type="text"/> |
|  | <input style="width: 75%;" type="text"/> |

**I confirm that I have read and understand the terms and conditions as per Circular 023/2015 and HR Memo 043/2025** **Yes**

If this is your first application have you completed one year's continuous service with the HSE? Yes  No

|                                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Date of commencement of service | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**2. 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"/> |
|---|---|

|   |  |
|---|--|
| <b>Payment Method REQUIRED (tick one)</b><br><i>Please see notes on page 3 that dates cannot be amended for averaged pay.</i> | <b>Special administrative arrangements (Averaged Pay)</b> <input type="checkbox"/> |
|   | <b>Unpaid</b>  |

|      |                      |    |                      |
|------|----------------------|----|----------------------|
| From | <input type="text"/> | To | <input type="text"/> |
|------|----------------------|----|----------------------|

|      |                      |    |                      |
|------|----------------------|----|----------------------|
| From | <input type="text"/> | To | <input type="text"/> |
|------|----------------------|----|----------------------|

|      |                      |    |                      |
|------|----------------------|----|----------------------|
| From | <input type="text"/> | To | <input type="text"/> |
|------|----------------------|----|----------------------|

**3. Flexible Working Request for Caring Purposes**

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  | - Sibling               |
| - Spouse or civil partner   | - Parent or grandparent |
| - Cohabitant  |                         |
| - A person other than one in the categories already specified who lives in the same household as the employee |                         |



Name

Personnel number

**4. Details of Current Line Manager**

|                   |  |                  |  |
|-------------------|--|------------------|--|
| Surname:          |  | First Name:      |  |
| Address           |  |                  |  |
|                   |  |                  |  |
| Contact Phone No: |  | Mobile Phone No: |  |
| Email address:    |  |                  |  |

**5. Employee 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 043/2025.
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.

|                    |      |  |  |  |  |  |  |  |  |
|--------------------|------|--|--|--|--|--|--|--|--|
| Employee Signature | Date |  |  |  |  |  |  |  |  |
|--------------------|------|--|--|--|--|--|--|--|--|

**Section 6. 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:   |  |  |  |  |  |  |  |  |
| Email Address             |  |  |  |  |  |  |  |  |  |

**Section 7. Senior Management Approval / Delegated Officer Approval**

|                        |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|
| Special Leave Approved | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |  |  |  |  |  |
| Signature              | Date   |  |  |  |  |  |  |  |  |
| Name:                  | Grade  |  |  |  |  |  |  |  |  |
| Contact Phone No:      | Mobile No:   |  |  |  |  |  |  |  |  |
| Email Address          |  |  |  |  |  |  |  |  |  |

Comments (if application is refused, state why)

**IMPORTANT: If the application is approved this form MUST be returned for processing to the appropriate NPA / Processing Department by 31<sup>st</sup> of October.**



## **Explanatory Note on Shorter Working Year**

### **Amount of Leave**

Leave under this scheme is available as a period of 2, 4, 6, 8, 10 or 13 weeks. The leave may be taken as one continuous period, or as a maximum of 3 separate periods. Each period of leave must not be less than 2 weeks and not more than 13 weeks in total.

### **Accepting your Leave**

**If you make special salary arrangements (averaged pay) you cannot change or cancel the dates of your leave.**

### **Sick Leave**

You cannot take sick leave while you are on leave under the Shorter Working Year scheme.

### **Annual Leave Entitlement**

Annual leave is based on a 52 week working year.

If you take 2 weeks SWY leave, your working year becomes a 50 week working year.

If your normal annual leave entitlement is 28 days (based on 52 weeks), your reduced annual leave is calculated as:

- number of working weeks minus your two weeks SWY leave (50) multiplied by your contractual annual leave days entitlement (28 days)
- $50 \times 28 = 1400$
- divide your answer by 52 (number of weeks in full working year)
- $1400 / 52 = 26.92 / 27$  days. Following this calculation you are entitled to 27 days annual leave

***A full description and explanation is available on the HSE Website.***