

Employee Transfer Form – HR 3

This form is to be completed in all cases when an Employee is moving from one location to another within the HSE.

For Employees transferring from one HSE area to a HSE area with a separate Employer Registration Number (ERN) please ensure a leaving action is processed in the old area and a new hire action is processed in the new area.

Note Change to Section 19 If employee is moving ERN an ASC45 to be furnished to Employee or Forwarded to appropriate Payroll Department

Sections 1 – 9 to be Completed by the Employee												
Section 1 – Employee Details								Personnel Number				
Title		Last Name			First Name			Known As				
Maiden Name				Initials		Nationality						
HSE Start Date						Current Appointment Start Date						
HSE email address: _____ @hse.ie						Computer Login Name: _____						
Gender: Male <input type="checkbox"/>		Female <input type="checkbox"/>		Date of Birth								
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Co-Habiting <input type="checkbox"/>												
Relevant Certificate/s attached: Yes <input type="checkbox"/> No <input type="checkbox"/>				PRSI Class				PPSN				
Section 2 – Home Address												
Street Address												
Town/City												
County				Post Code				Country				
Home Phone No.						Mobile Phone No.						
Section 3 – Address for Correspondence [if different from above]												
Street Address												
Town/City												
County				Post Code				Country				
Home Phone No						Mobile Phone No						
Email address for correspondence/ online payslip _____												
Section 4 – Next of Kin [Emergency Contact Details]												
Surname			First Name				Relationship to you					
Street Address						Town/City						
County				Post Code				Country				
Phone Number						Mobile Phone Number						

Employee Name _____ PPS No. _____

Section 5 – Bank Details

Bank Name										Bank Address									
Bank Identifier Code (BIC)																			
International Bank Account Number (IBAN)																			
Payee Name																			

Section 6 – Professional Registration

Note: only applies to Medical & Dental, Health & Social Care Professionals & Nursing. If this section does not apply to you go to section 7. If you have multiple registrations please complete Appendix 1.

Name on Registration										Issued by									
Professional Registration/Membership Number																			

Section 7 – Qualification Details

													Official Use Only								
Name of Qualification				Date From				Proficiency / Grade Awarded					Qualification Code [if applicable]				Validated				
																				Yes <input type="checkbox"/>	No <input type="checkbox"/>
																				Yes <input type="checkbox"/>	No <input type="checkbox"/>
																				Yes <input type="checkbox"/>	No <input type="checkbox"/>
																				Yes <input type="checkbox"/>	No <input type="checkbox"/>
																				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 8 – Irish Language Proficiency

Oral Irish													Validated							
Native <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/> Beginner/Novice <input type="checkbox"/> None <input type="checkbox"/> Unknown / Untested <input type="checkbox"/>													Yes <input type="checkbox"/> No <input type="checkbox"/>							
Written Irish													Validated							
Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> None <input type="checkbox"/> Unknown / Untested <input type="checkbox"/>													Yes <input type="checkbox"/> No <input type="checkbox"/>							

Section 9 – Employee Declaration

I declare that the above information is accurate and correct on the date indicated below. I undertake to notify my employer of any changes to this information by completing and submitting the appropriate form.

Signature										Date									

Employee Name _____ PPS No. _____

Sections 10 – 16 to be completed by Line Manager / Human Resources in Current Location

Section 10 - Transfer Details

Current Work Location	Last Date in Current Location																		
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New Work Location	Start Date in New Location																		
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Employed as (Grade)	Contracted hours																		
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Transferring from :

HSE South HSE West HSE North East HSE DML – South West

HSE South East HSE North West HSE Northern Area HSE DML – Midlands

HSE Shared Services HSE Mid West HSE Corporate HSE DML – East Coast

Transferring to :

HSE South HSE West HSE North East HSE DML – South West

HSE South East HSE North West HSE Northern Area HSE DML – Midlands

HSE Shared Services HSE Mid West HSE Corporate HSE DML – East Coast

Section 11 - Objects on Loan (if Applicable)

Please list HSE property items on loan below. [eg Laptop, Mobile Phone, Keys, travel pass etc.]

Item	Employee Initials	Line Managers Initials	Date of Return																

Have Items on loan been recovered Yes No

If no, please ensure that items are recovered before the employee departs.

Section 12 - Leave Details

Leave Due to the Employee	Leave Entitlement (Hours)	Leave Taken (Hours)	Hours Due																
Annual Leave (Confirmed)																			
Public Holidays (Confirmed)																			
Parental Leave (Confirmed)																			
Sick Leave taken in last 4 years	Leave taken (days/hours):																		
Sick Leave Record attached	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Career Break taken (Confirmed)	Dates From																		
Force Majeure Leave taken (Confirmed)	Leave taken (days):																		

Section 13 - Travel and Subsistence Claim Information

Car CC:	Date of last claim																		
Rate being paid	Miles to Date	Documents provided	Yes <input type="checkbox"/> No <input type="checkbox"/>																

Employee Name _____ PPS No. _____

Section 14 – Recovery of monies owed by employee

Note: Please ensure that you notify payroll of any monies owing from the employee

Leave owed by employee	Leave entitlement (Hours)	Leave Taken (Hours)	Leave overtaken (Hours)
Annual Leave (Confirmed)			
Public Holidays (Confirmed)			
Does Employee owe monies for Payroll Rationalisation / Technical Adjustment?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has Payroll detail been updated to take account of Technical Adjustment recovery?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does employee owe monies to HSE under Free Fees Initiative (FFI) Funding?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has interim payment been ceased?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is employee availing of the Cycle to Work Scheme?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is employee availing of a Commuter Ticket?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is employee repaying an overpayment?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is employee forfeiting annual leave re HRA via payroll deduction?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Section 15 – Pension Details

Is this employee eligible for membership of a superannuation scheme							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Superannuation Classification to be completed in all cases							New Entrant	<input type="checkbox"/>	Non New Entrant	<input type="checkbox"/>	SPSPS
NON NEW ENTRANT	Officer				Non-officer						
	PRSI Class A		PRSI Class D								
1956 Scheme	<input type="checkbox"/>	120	<input type="checkbox"/>	120	<input type="checkbox"/>	200					
1977 (Revision Scheme) – Main Scheme	<input type="checkbox"/>	160	<input type="checkbox"/>	140	<input type="checkbox"/>	220					
Spouses' & Children's	<input type="checkbox"/>	320	<input type="checkbox"/>	320	<input type="checkbox"/>	420					
Widows' & Orphans'	N/A		<input type="checkbox"/>	300	<input type="checkbox"/>	400					
NEW ENTRANT				Officer / Non-officer							
HSE Employee Superannuation Scheme - Main Scheme					<input type="checkbox"/>	165					
Spouses' & Children's					<input type="checkbox"/>	325					
Public Service Pensions [Single Scheme]					<input type="checkbox"/>	170					

Section 16 – Line Manager's Declaration

1. I confirm that I have notified payroll in relation to the recovery of monies as outlined above										<input type="checkbox"/>							
2. I declare that the above information is accurate and correct										<input type="checkbox"/>							
Signature					Date												
Name					Grade												
Contact Number					Email address												

Employee Name _____ PPS No. _____

Section 17 – 19 to be completed by the Payroll Manager in Current Location

Section 17 Pay Details

Annual Salary	Level (point on scale)	Amount
Next increment due		Payslip distribution Internal <input type="checkbox"/> External <input type="checkbox"/> Online <input type="checkbox"/>
Payment Frequency	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	

Section 18 – Payroll Deductions

VHI Membership No.:	Annual Amount:
Trade Union:	Period Amount or %:
AVCS:	Amount or %:

Please detail all other voluntary deductions and attach mandates or declarations

Section 19 – ASC45

ASC45 given to the EE/forwarded to the appropriate Payroll Department if EE is moving to a new ERN Yes No

The following are the ERNs (tax registered nos.) for the HSE:

- 0072958D North Eastern Health Board
- 0002000J HSE DML (Midland Area) - Co Code MHB
- 0007497W Southern Health Board - Co Code 102
- 0024042B Western Health Board - Co Code WHB
- 0027010D South Eastern Health Board - Co Code 101
- 0030888U Health Services Executive M W - Co Code MWHB
- 0036210M HSE West - Co Code NWHB
- 0043024G HSE East - Co Code 1000, 2000, 3000, 4000, 6000
- 3576661QH Portiuncula

Section 20 - Payroll Managers Declaration

I declare that the above information is accurate and correct

Signature:	Date
Contact Tel No:	Email address:

Employee Name _____ PPS No. _____

Section 21 – 26 to be completed by Line Manager / Human Resources in NEW Location

Section 21 - New Appointment Details

Employed As [Grade]					Position Number															
Org Unit No					Org Unit Name															
Cost Centre					Care Group					Personnel Area										
Work Address																				
Employee Group		Permanent <input type="checkbox"/>					Temporary <input type="checkbox"/>					Officer <input type="checkbox"/>					Non-Officer <input type="checkbox"/>			
Employee Sub Group		Wholetime <input type="checkbox"/>			Part-time <input type="checkbox"/>			Casual <input type="checkbox"/>			Fees / Sessions <input type="checkbox"/>			Job Share <input type="checkbox"/>			Flexible Working <input type="checkbox"/>			
Reason for Transfer		National Transfer <input type="checkbox"/>					Local Transfer <input type="checkbox"/>					Redeployment <input type="checkbox"/>								
Replaced Employee Details		Name					Position Number					Personnel Number								

Section 22 – Contract

Contract Type		Indefinite Duration <input type="checkbox"/>					Indefinite Duration Std T&C's <input type="checkbox"/>					Fixed Term <input type="checkbox"/>					Specified Purpose <input type="checkbox"/>					Specified Purpose Std T&C's <input type="checkbox"/>				
Consultant Contract Type		Type A <input type="checkbox"/>					Type B <input type="checkbox"/>					Type C <input type="checkbox"/>														
Expiry Date of Temporary contract [if applicable]													Probation to be served Yes <input type="checkbox"/> No <input type="checkbox"/>													
1 st probationary review date												2 nd probationary review date														

Section 23 – Allowances

Allowance	Amount / Unit	Wage Type / Pay code Official Use Only
1		
2		

Section 24 – Work Pattern

Note: If an employee works a Monday to Friday roster they are classified as 5/5. These employees will never be paid Saturday allowance, Sunday premiums or Public Holiday premiums. Alternatively if an employee may work on a Saturday or Sunday they are classified as 5/7 – this will allow them be paid the relevant allowance and premium payments.

Standard Full Time Hours for this grade		Contract Hours [use decimals]			Working Week Mon – Fri 5 / 5 <input type="checkbox"/>					Mon – Sun 5 / 7 <input type="checkbox"/>				
Work Schedule Rule [if employee is casual enter HRPD]					Start week of rotational roster									

Section 25 – Pay Details

Annual Salary					Level [Point on Scale]					Amount									
Next increment due								Payslip distribution Internal <input type="checkbox"/>			External <input type="checkbox"/>			Online <input type="checkbox"/>					
Payment Frequency Weekly <input type="checkbox"/>					Fortnightly <input type="checkbox"/>					4 Weekly <input type="checkbox"/>					Monthly <input type="checkbox"/>				

Section 26 Line Manager Declaration

I declare that the above information is accurate and correct. I confirm that the above employee transferred employment on the date stated above and approve set up on the appropriate payroll system.

Signature										Date									
Name					Grade					Email									
Contact Number										Decision Number (if applicable)									