



OM3 Location & Qualification Allowance Approval Form

Purpose: This form is to be completed by HR Employee Relations as part of the validation of the payment of Location and/or Specialist Qualification allowances to Nurses / Midwives, i.e. Staff Nurses, Staff Nurse Dual Qualified Nurses, Senior Staff Nurses, Clinical Nurse Managers 1,2 & 3, Public Health Nurses, Assistant Directors of Public Health Nursing, Psychiatric Nurses and Specialist Co-ordinators.

The SAP HR & Payroll System will automatically pay these allowances depending on where the employee works (Organisational Unit) and the qualification (Category II) assigned to the employee, if applicable).

Notes

- Nurses/Midwives may benefit from either a Location or a Qualification allowance when eligible - the higher of the two - when working on qualifying duties
- Allowance must be on the current DoH&C Pay scales or subject of specific approval from CERS.
- Where a Specialist Qualification Allowance is payable, please ensure that the Qualification is a Category II Qualification and it has been assigned to the employee's record on SAP HR & Payroll system.
- Payment of the allowance will be pro-rated based on hours worked up to the maximum Fortnightly/Monthly value.
- Please note that once the allowance is set up it will continue to be paid until the employee moves out of the Organisational Unit specified.

Please complete this form for the following reasons:

- If a new or existing Organisational Unit has been identified for payment of a Location or Qualification Allowance.
- If a change is required to an existing Organisational Unit with regard to the payment of a Location or Qualification Allowance. *(For example, the Organisational Unit is identified to attract an allowance)*

(Please provide clear and accurate responses in the boxes below. Insert extra rows to the tables if required.)

Sections to be completed

If a new or existing Organisational Unit has been identified for payment of a Location Allowance.	Complete Section A
If a Qualification Allowance is to be paid which is also dependent on the Organisational Unit where an employee works.	Complete Section B

Section A: Location Allowance

Grouping	Org Unit No.	Org Unit Name	Start Date	End Date	Wage Type *
01(Location)	2			31.12.9999	0220
02(Dual Qualified)	2			31.12.9999	0218
60(CNM3)	2			31.12.9999	0220
97(PHNs)	2			31.12.9999	0220

*For Reference Only

Wage Type Number	Text Description
0218	Location/Qualification Allowance for Dual Qualified Nurses & Midwives
0220	Location Allowance for Nurses & Midwives



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Section B: Qualification Allowance

Grouping	Org Unit No	Org Unit Name	Qualification No	Start Date	End Date	Wage Type **
01(Qualification)	2		8		31.12.9999	0226
02(Dual Qualified)	2		8		31.12.9999	0218
60(CNM3)	2		8		31.12.9999	0226
97(PHNs)	2		8		31.12.9999	0222

**** For Reference Only**

Wage Type Number	Text Description
0218	Location/Qualification Allowance for Dual Qualified Nurses & Midwives
0226	Specialist Qualification Allowance for Nurses & Midwives
0222	Midwifery Qualification Allowance for Public Health Nurses

Approval

To be completed by Employee Relations	
I approve the above listed Location / Qualification allowance to be paid as requested.	
I confirm that the Specialist Qualification has been entered on the employee's record on the SAP HR & Payroll system.	
Signature	
Name (Block Caps)	
Date	
Contact Phone No	
Email address	

When this form has been completed, please return to hri.crm@hse.ie.