

# Secondment Recoupment Set-up Form

This Form is to be used where a Secondment arrangement has been agreed. It must be completed and submitted to the appropriate Finance Dept so the recoupment of funds process can be put in place according to HR Circular 10/2023: Revised HSE Secondment Policy and Procedure [here](#) .

**A signed copy of the Secondment Agreement MUST be included with this form before forwarding to Finance.**

## Section 1. Secondee Details

Surname :					First Name:							
Grade:					Personnel Number							
PPS Number												
Work Location :												
HSE Division eg Corporate/Community/Hospitals etc :												

## HSE Employee details

### Original Work Address:

Email:	Contact Phone No:
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## Section 2. Secondment Type Place (✓) in appropriate box/ boxes

<b>Inward Secondment</b>	ie Secondment within the Health Sector : Name of Organisation (donor) :
<b>External Secondment</b>	ie Secondment outside of Health Sector : Name of Organisation (host) :

## Section 3: Effective Dates – Secondments range from 6 months to 3 years

Date Secondment Effective from							Date Secondment Effective to							
D	D	M	M	Y	Y	Y	D	D	M	M	Y	Y	Y	Y

## Section 3. HSE Organisation Details

Cost Centre :	GL code :	Company Code	
Line Manager details HSE	Name :	Grade:	
Email address :			
Contact Phone number :			
Cost Centre Budget holder ( if different from Line Manager) : Name:			Grade:
Email address :			
Contact Phone number :			

## Section 4. External Organisation Details

Organisation name :			
Address & Eircode			
Line Manager details	Name:	Grade :	
Email address :			
Phone no :			
<b>Finance contact details :</b>	Name :	Grade :	
Email address :			
Contact Phone number :			

## Section 5. Working Week

Standard Full Time hours for this grade		Weekly Contracted hours (use decimals)	.
Full time arrangement		Part time arrangement	

## Section 6. Invoice details

Frequency	Monthly	Quartely	Annually
Email address for eInvoice			
Invoice contact emails address for queries etc			
Invoice contact phone number for queries etc			

## Section 7. Gross Pensionable Pay Charge

Gross Pen Pay Charge as per HR Circulars 06/2007 & 18/2019	Yes	No	Rate of charge	
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## Section 8. Confirm Pay Details- Attach supporting documentation.

Basic Pay	Allowances	Agreed Hours per week	Travel	Sick Leave	Other Agreed Payments?
Specify:	Specify:		YES	YES	Specify:
€	€		NO	NO	€

**Ensure all supporting documentation is included with this form to ensure all payments are captured correctly**

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<b>Section 9. Documents received in Finance – only complete once all documents received</b>		
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Signed copy of Secondment Agreement: Y/N	Date rec'd:	
Completed Recoupment form: Y/N	Date rec'd:	
HSE Decision No:	Approved by:	
<b>Recoupment set up: Y/N</b>	Date set up:	
Name (block capitals):	Grade:	
Signature:	Contact phone Number:	

<b>Section 10. Delegated Officer Approval Finance –signed once Recoupment set up</b>		
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Name (block capitals):	Signature:	
Contact Phone Number:	Date:	
Grade:		