

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 NPA /Local Processing and 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 NPA/ Local Processing and Finance.

Section1. Secondee Details

Surname :								First Name:								
Home Address:																
Date of Birth	D	D	M	M	Y	Y	Y	Y	PPS Number							
Next of Kin:								Next of Kin Phone Number:								
Next of Kin Address:																
Grade:								Personnel Number								
HSE Division eg Corporate/Community/Hospitals etc:																

HSE Employee details

Original Work Address:															
Email:								Contact Phone No:							

Section 2. Secondment Type

Place ✓ () in appropriate box/ boxes

Inward Secondment	ie Secondment within the Health Sector : Name of Organisation (donor) :
External Secondment	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	Y	D	D	M	M	Y	Y	Y	Y

Section 4. HSE Organisation Details

Cost Centre :				GL Code:				Company Code:			
Position Number :											
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 5. External Organisation Details					
Organisation name :					
Address & Eircode					
Line Manager details	Name:			Grade :	
Email address :					
Phone no :					
Finance contact details : Name :			Grade :		
Email address :					
Contact Phone number :					
Section 6. Working Week					
Standard Full Time hours for this grade				Weekly Contracted hours (use decimals)	.
Full time arrangement				Part time arrangement	
Section 7. Invoice details					
Frequency	Monthly		Quarterly		Annually
Email address for eInvoice					
Invoice contact emails address for queries etc					
Invoice contact phone number for queries etc					
Section 8. Gross Pensionable Pay Charge					
Gross Pen Pay Charge as per HR Circulars 06/2007 & 18/2019	Yes	No	Rate of charge		
Section 9. 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	€
<p>Ensure all supporting documentation is included with this form to ensure all payments are captured correctly.</p>					

Section 9. Documents received in Finance – only complete once all documents received		
Signed copy of Secondment Agreement: Y/N	Date rec'd:	
Completed Recoupment form: Y/N	Date rec'd:	
HSE Decision No:	Approved by:	
Recoupment set up: Y/N	Date set up:	
Name (block capitals):	Grade:	
Signature:	Contact phone Number:	
Section 10. Delegated Officer Approval Finance –signed once Recoupment set up		
Name (block capitals):	Signature:	
Contact Phone Number:	Date:	
Grade:		