

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.

Section 1. 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 | Quartely | 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 | € |

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

| | | |
|---|-----------------------|--|
| | | |
| 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: | | |