



Féilmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Change To Employee Terms and Conditions

## HR 102

This Form is to be used when there is a change to employee's contractual terms and conditions due to one of the reasons listed in Section 2. This form should be completed by the line manager in conjunction with the employee, and must be approved by the appropriate authorised/delegated officer and forwarded to Personnel Administration, Human Resources. Please complete form in Block Capitals/Tick appropriate boxes.

### Section 1. Employee Details

|          |  |  |  |                  |  |  |  |
|----------|--|--|--|------------------|--|--|--|
| Surname  |  |  |  | First Name       |  |  |  |
| Grade    |  |  |  | Personnel Number |  |  |  |
| Location |  |  |  | PPS No           |  |  |  |

### Section 2. Reason for Contract Change Place (✓) in appropriate box

|                                    |  |                                 |  |
|------------------------------------|--|---------------------------------|--|
| Promotion                          |  | Renewal of Contract             |  |
| Grade Change                       |  | Allowances                      |  |
| Cessation of Temporary Appointment |  | Temporary to Permanent Contract |  |
| Return from Career Break           |  | Transfer                        |  |
| Change of Contract Hours           |  | NCHD Extension of Contract      |  |

### Section 3: Effective Dates

|                            |  |  |  |   |  |  |  |
|----------------------------|--|--|--|---|--|--|--|
| Date Change Effective from |  |  |  | Date Change Effective to (If appropriate) |  |  |  |
|----------------------------|--|--|--|---|--|--|--|

### Section 4. Organisation Details

|  |  |   |                                    |   |  |
|--|--|---|------------------------------------|---|--|
| Cost Centre:   |  | Care Group:   |                                    | Personnel Area  |  |
| Location Code :  |  |   |                                    |   |  |
| Position Number to be assigned                                 |  | Position Name   |                                    |   |  |
| Employee Group   |  | Permanent <input type="checkbox"/>                    | Temporary <input type="checkbox"/> | Officer <input type="checkbox"/>                            | Non Officer <input type="checkbox"/>         |
| If on a Temporary Contract please confirm contract expiry date |  |   |                                    |   |  |
| Employee Sub Group   |  |   |                                    |   |  |
| Whole time <input type="checkbox"/>                            |  | Casual  |                                    | Fees/Sessions <input type="checkbox"/>                      | Flexible Working                             |
| Contract type  |  |   |                                    |   |  |
| Indefinite Duration <input type="checkbox"/>                   |  | Indefinite Duration Std T&Cs <input type="checkbox"/> |                                    | Fixed Term <input type="checkbox"/>                         | Fixed Term Std T&Cs <input type="checkbox"/> |
| Indefinite Duration Std T&Cs 06/2014                           |  | Fixed Term Std T&Cs 06/2014                           |                                    | Specified Purpose Std T&Cs 06/2014 <input type="checkbox"/> |  |

If Faxing please ensure Employee's Name and Personnel Number are included for each page of form

Employee Name \_\_\_\_\_ Personnel Number: \_\_\_\_\_

## Section 5. Working Week

Standard Full Time hours for this grade

Weekly Contracted hours (use decimals)

### Work Schedule rule details (SAP Phase II Sites Only)

Working Week

Mon – Fri 5/5

Mon – Sun 5 / 7

Note if an employee works a Monday to Friday roster they are classed 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 classed as 5/7, this will allow them to be paid the relevant allowances and premiums

Work Schedule Rule\*

Start week of Rotational Roster

\* (If employee is casual, enter HRPD)

## Section 6. Pay Details

Work Location

Annual Salary

Level (point on Scale)

Pay Scale Type

Pay Scale Area

Grade Code

Next Increment due

Payroll Area / Group:

Pay slip distribution

Internal

External

## Section 7. Allowances

Complete this section if the contract change results in the payment / cessation of an allowance

Attach supporting documentation if appropriate

| Allowance | Amount/Unit | Effective Date | Pay Allowance            | Cease allowance payment  | Wage type/<br>Pay Code |
|-----------|-------------|----------------|--------------------------|--------------------------|------------------------|
|           |             |                | <input type="checkbox"/> | <input type="checkbox"/> |                        |
|           |             |                | <input type="checkbox"/> | <input type="checkbox"/> |                        |

## Section 8. Employee Declaration

I declare that the above information is accurate and correct on the date indicated below.

Signature:

Date:

Name:

Grade:

Email Address:

Mobile Number:

## Section 9. Line Managers Declaration

I declare that the above information is accurate and correct on the date indicated below.

Name:

Grade:

Signature:

Date:

Contact Phone Number:

Mobile Phone Number:

E-mail Address:

## Section 10. Delegated Officer Approval – Regional HR

Name:

Signature:

Contact Phone Number:

Date: