



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	Reference Number:	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)		.
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### Work Schedule rule details (SAP Phase II Sites Only)

Working Week	Mon – Fri 5/5 <input type="checkbox"/>	Mon – Sun 5 / 7 <input type="checkbox"/>
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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	
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\* (If employee is casual, enter HRPD)

## Section 6. Pay Details

Work Location			
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Annual Salary		Level (point on Scale)	
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Pay Scale Type		Pay Scale Area	
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Grade Code						
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Next Increment due							
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Payroll Area / Group:	Pay slip distribution	Internal <input type="checkbox"/>	External <input type="checkbox"/>
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## Section 7. Allowances

Complete this section if the contract change results in the payment / cessation of an allowance (Otherwise allowances currently payable will continue to be paid).

Attach supporting documentation if appropriate

Allowance	Amount/Unit	Effective Date	Pay Allowance	Cease allowance payment	Wage type/ 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:								
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Name:	Grade:
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Email Address:	Mobile Number:
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## Section 9. Line Managers Declaration

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

Name:	Grade:
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Signature:	Date:								
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Contact Phone Number:	Mobile Phone Number:
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E-mail Address:
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## Section 10. Delegated Officer Approval – Regional HR

Name:	Signature:
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Contact Phone Number:	Date:								
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