



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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Work Schedule Rule* (Must be provided)		Start week of Rotational Roster	
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* (If employee is casual, enter HRPD)

Link to DWS/WSR Finder : <http://hpsa.healthirl.net/moodle/mod/resource/view.php?id=1172>

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

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 <input type="checkbox"/>	External <input type="checkbox"/>		

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).

Are allowances applicable to this position	Yes:	No:
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Please attach documentation to support payment of allowance if applicable

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. Pension Details

Superannuation classification to be completed in all cases	Non New Entrant	New HSE Entrant	SPSPS
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PRSI Class :

Please indicate the relevant superannuation scheme	Officer				Non Officer	
	PRSI Class A		PRSI Class D			
1956 Scheme	120	<input type="checkbox"/>	120	<input type="checkbox"/>	200	<input type="checkbox"/>
1977[Revision Scheme] – Main Scheme	160	<input type="checkbox"/>	140	<input type="checkbox"/>	220	<input type="checkbox"/>
Spouses' & Children's	320	<input type="checkbox"/>	320	<input type="checkbox"/>	420	<input type="checkbox"/>
Widows' & Orphan's	N/A		300	<input type="checkbox"/>	400	<input type="checkbox"/>
HSE Employee Superannuation Scheme – Main Scheme (Officer & Non Officers)					165	<input type="checkbox"/>
Spouses' & Children's					325	<input type="checkbox"/>
Public Service Pensions [Single Scheme]					170	<input type="checkbox"/>

Section 9. 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 10. 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 11. Delegated Officer Approval – Regional HR

Name:	Signature:																
Contact Phone Number:	Date:																