

Career Break Application Form HR 105

Instructions on completing the attached Application Form

Applicant

Completed forms should be submitted to your Department Head for consideration of approval.

Department Head

Please acknowledge to the applicant receipt of their Career Break application.

Please complete portion of application in which you are required to make your decision on the application. **Note** any decision to defer or refuse an application must be accompanied by a written explanation for the decision taken.

The applicant should be advised of the decision to approve/defer or refuse their application in writing.

Career Break Application Form HR 105										
You are advised to read this form, in particular section 6 which sets out the main terms and conditions governing the Career Break Scheme before signing. If you have any queries you should seek clarification from your manager or local HR Department Please complete in typed format (not handwritten) and tick(
1. To be completed by the employee										
I wish to apply for a Career Break in a agree that should my application be ap terms and conditions applicable to the g	proved I will notify my	y Line Manager of a								
Surname:	First Name:									
PPS No		Personnel Number								
Grade		Position								
Street Address										
Town/City										
County	Post Code		Country							
Phone No:		Mobile Phone No:								
Work Location										
Is this your first application for a Career break with the HSE? Yes I No Yes No I Yes Ves Ves										
Have you previously been granted a pe	riod of Career Break	leave by the HSE?		Yes	🗌 No					
If you answered yes to the question abo employee can avail of a maximum of 5			ious caree	r break leav	e (Note a	an				
From		То								
2. Reason for application										
	Please (√) Tick one		1						
Domestic Reasons Educatio	onal Purposes	Foreign Travel] Other						
Full Details										
3. Period of Leave you wish	n to apply for									
From		То								
4. HSE Transfer Scheme										
If you are currently on a transfer list, you while on Career Break	u should indicate here	e whether or not you	ı wish to be	e made offe	rs of tran	Isfers				
I am currently on the transfer list for:										
I do / do not wish to be made offers to that location (those locations) while on a career break										
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If faxing please ensure Employee's Name and Personnel Number are included for each page of form



Name: _____ Personnel No: _____

5. Contact details while on (Career Break							
Street Address:								
Town/City								
County	Post Code	Post Code Country						
Phone No:	Mobile Phone I	No:						
E-mail Address:								
6. Undertaking								
I understand the terms and conditions following provisions regarding return to purpose other than that specified in my	work following the expiry of my c							
	employee is not permitted to wor byment during travel abroad).	k for another employe	er (with the exception of					
Under current Revenue (SM	ART PAYE) requirements since 2	2019, persons availin	g of a Career Break					
must be returned to Reven	ue as leavers on the payroll syste	m. This is solely for	calculation of Tax					
liabilities and Tax credits. T	his does not alter the employee's	contract of employn	nent with the HSE.					
The employee must apply in	n writing to return to work at least	3 months before his	/her proposed date of return					
 The employee's right to return to work is conditional on compliance with this 3-month notification requirement. Failure to comply with this requirement may result in the termination of the employee's contract of employment upon the expiry of the term of the career break. 								
There may be a waiting period	od of up to one year (unpaid) bef	ore the employee is p	permitted to return to work. \S					
The employee is not guarantee	d a return to his or her previous j	b/location.						
	ill not reckon for pension purpose under the terms of the notional pu		yee can opt to purchase					
The employee will be require	ed to undergo Garda Vetting/Poli	ce Clearance on retu	rn from a career break.					
I understand that my career break expir	res on:							
 Notify my local HR departm such change; 	ent of any change of address for	correspondence purp	poses within one week of					
	prrespondence from the HSE con concerning my career break;	cerning my intentions	s on the expiry of my career					
 Give at least 3 months' not my proposed date of return 	ice in writing to my local HR dep	partment of my intent	ion to return to work and					
Comply with Garda Vetting/	Police Clearance as required.							
Return to duty on such date	following the expiry of my career	break as directed.						
 In the event of my failing to report for duty on that date, the HSE may terminate my employment. 								
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If faxing please ensure Employe	ee's Nam	e and Personnel N	umbe	r are inc	cluded f	or each	page o	f form			
Name:		Personnel No:									
<i>J</i> ~											
7. Declaration											
I declare the information given above is the Career Break Scheme. I understa											
that while on a career break I am not p								bollig	oougn	t und	
Signed:		Date									
8. Approval				<u> </u>	I		I		1		
I have reviewed the above application	for the lea	ave requested.									
Application Approved						Ň	Yes 🗌	No 🗌			
If application is not approved please st	ate reaso	ns for refusal:			•						
A copy of the completed signed form sh	ould be g	iven to the employe	e to b	e retaine	ed by hi	m/her w	/hile on	career	break.		
9. HSE Property on Loan											
Before commencing a career break all	HSE prop	perty on loan to an	emplo	yee mu	ıst be re	eturned					
Have items on loan to the employee been recovered Yes 🗌 No 🗌											
If no , please ensure that items are reco	overed be	fore the employee	depar	rts							
lf yes, please list items below (e.g. Lap	top, Mobi	ile phone, keys, etc	c.)								
List of items on Loan Employee Initials											
					mitiai	0					
10. Recovery of Monies ow	ed by	Employee									
Please ensure that yo	u notify	y payroll of ar	iy m	onies	owin	g fror	n the	empl	oyee	;	
Leave owed by the employee	Leave Entitlement (Hours) Leave Taken (Hour				Leave Overtaken (Hours)						
Annual Leave (Confirmed)	(nours)							(1104	10/		
Public Holidays (Confirmed)											
Does the employee Owe monies for payroll rationalisation technical adjustment in 2004					Yes c	No c	N/A c				
Has payroll been notified of technical adjustment payment				Yesc Noc N/Ac							
Does employee owe monies to the HSE under the Free Funds Initiative (FFI) funding				Yes c No c N/A c							
Has interim payment been ceased?					Yesc Noc N/Ac						

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Name: Perso	Personnel No:							
11. Line Managers Declaration								
I declare that the above information is accurate and correct								
Name (Print)	Grade							
Signature	Date							
Phone No:	Mobile F	hone No:		·				
E-mail Address:								
12. Delegated Officer Approval								

Name (Print)	Signature:								
Tel No	Date								
Decision No									
13. Payroll Section (SAP phase 1 sites only)									
Location Number									
Name (Print)	Signature								
Checked by Payroll									
Phone Number	Date								