

Health Service Executive - Approval to Hire Form B – Replacement Posts (revised March 2015)

This form is to be completed in all cases where the post to be filled is a **replacement** of an approved and funded vacancy, by recruitment. Approvals to fill vacancies in the staff category of Management/Admin at Grade VIII and higher is not encompassed by this form. See Approval to Hire Form A and/or A1.

Note: Please note the redeployment /filling process CANNOT be commenced until this form is duly authorised by the nominated delegated manager authorised by the relevant National Director. Please complete form in Block Capitals/Tick or complete appropriate boxes/ * delete as appropriate

Division	Acute Hospitals // Primary Care // Social Care // Mental Health // Health & Wellbeing // Corporate // Health Business Services // National Ambulance Service *		
Hospital Group/ CHO/ Function			
Title of Post		Cost Centre	
Purpose of Post			
<u>Details of Vacant Post to be filled</u>			
Grade Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Position Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Grade Description _____ Salary Scale: _____ to _____			
Please confirm that the post has been reviewed by the appropriate service/line manager and by Finance/HR at local level and it is deemed necessary for it to be filled to provide existing levels of service: Yes/No*			
I confirm and certify that the cost of the filling of the post is within the current pay envelope allocation and is sustainable into the next financial year.			
Date Vacant: _____. Grade of vacancy: _____. (may be lower but CANNOT be higher).			
Current Direct Employment Ceiling: _____ Last reported Census Figure: _____ Date _____			
Target date for it to be filled: _____ Service/Business case: Attached/Not attached*			
Signed Line Manager: _____ Title: _____ Date: _____ Print Name ()			
Contract Type	Permanent <input type="checkbox"/> Non Permanent–Fixed Term <input type="checkbox"/> Specified Purpose <input type="checkbox"/> Locum <input type="checkbox"/> Others <input type="checkbox"/> Others: Explain:		

I wish to certify the following:

- This request to recruit was examined by the relevant **Payroll Management Control Group** on _____ date, and approved for filling.
- Divisional input as necessary has been complied with.
- The terms and conditions for the post are fully compliant with public sector pay policy and pay scales.
- The request **does NOT** breach the allocated pay envelope and is sustainable into the next financial year.
- The request was examined by HR and Finance prior to approval.

Signed: _____ Title: _____ Date: _____

Print name ()

CHO Chief Officer/Hospital Group CEO/Functional Manager/CEO Voluntary Hospital/Voluntary Agency

Request forwarded to and approved by higher authority where required

Signed: _____ Title: _____ Date: _____

Print Name ()

Head of Operations and Service Improvement (or equivalent) _____ Division/Function

Office stamp of
approval by Group
CEO/CHO CO or
other relevant
authorised manager

Approval to initiate recruitment process: Granted/Not Granted

Date approved for recruitment decision: _____

Completed form to accompany order form/pack to National Recruitment Services (NRS) or other authorised recruitment function.