|  |  |
| --- | --- |
| ***Purpose: This form is to be completed when***   1. ***A new Org Unit needs to be created.*** 2. ***A change to an Org Unit is required.*** 3. ***An existing Org Unit is no longer required.***   ***The form is to be completed by the Service requesting the change and should come with supporting approval documentation.***  ***Please contact the OM Administrator if assistance is required to complete this form.*** | To create a new Org Unit, complete Section A only and sign.To amend existing Org Unit, complete Section B only and sign.  * **Line Managers must complete Section C**   ***\*\*Note – If the org unit is to accommodate persons crossing over multiple company codes, it is recommended that a ‘generic’ address is applied and work addresses are added at position level.***  ***Please complete in Block Capitals.***  ***Once complete please forward to the OM Administrator.***  ***Include your contact details for queries*** |

**Section A –Create Org Unit**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **New Org Unit Name** | |  | | | | | | | | | | | | | Valid From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **D** | | | **D** | | | | **M** | | | | **M** | | | | **Y** | | | | **Y** | | | | **Y** | | | | | **Y** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Address** | (1st Address Line) | | |  | | | | | | | | | | | Valid From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2nd Address Line) | | |  | | | | | | | | | | |  | | | **D** | | | | **D** | | | | **M** | | | | **M** | | | **Y** | | | **Y** | | | **Y** | | | | **Y** | | | |
| District/City |  | | | | | County | | | |  | | | | | Valid To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel Number |  | | | | |  | | | |  | | | | |  | | **D** | | | | **D** | | | | **M** | | | | **M** | | **Y** | | | **Y** | | | | **Y** | | | | **Y** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Org Unit Reports to:**  Enter the Org Unit where the Org Unit will be located. | | | **Org Unit Number:** | |  | |  |  |  | |  |  |  |  | Valid From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **D** | | | | **D** | | | | **M** | | | | **M** | | | | **Y** | | | | **Y** | | | | **Y** | | | | | **Y** | | | |
| **Org Unit Name:** | |  | | | | | | | | | | Valid To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **D** | | | | **D** | | | | **M** | | | | **M** | | | | **Y** | | | | **Y** | | | | **Y** | | | | | **Y** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cost Centre:** | | | **Cost Centre Number** | |  | | | | | | | | | | **Valid From** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **D** | | | | **D** | | | | **M** | | | | **M** | | | | **Y** | | | | **Y** | | | | **Y** | | | | | **Y** | | | |
| **Cost Centre name** | |  | | | | | | | | | | Valid To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **D** | | | | **D** | | | | **M** | | | | | **M** | | | | **Y** | | | | **Y** | | | | **Y** | | | | | Y Y | | |

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| Chief of Org Unit | Name: | | | | Position Number: | | | | | | | | | | | |
| Time Administrator  (if applicable) | Name: | | | | Position Number: | | | | | | | | | | | |
| **Time Administrator’s Profile and ESID may have to be created/amended please check with SAP HR Helpdesk –**  **Email:-saphr.support@hse.ie** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Does a Location allowance apply to this Org Unit? Please tick** | | **Yes** |  | **NO** | |  | **Valid From** | | | | | | | | |
|  | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **Does a Qualification Allowance apply to this Org Unit? Please tick** | | **Yes** |  | **NO** | |  | **Valid To** | | | | | | | | |
|  | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **Which Qualification group applies to this Org Unit?** | |  | | | | | | | | | | | | | |

**Requester Signature Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section B – Change/Maintain Existing Org Unit**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Org Unit Number** |  |  |  |  |  |  |  |  | | **Org Unit Name** | |  | | | | | | |
| **Reason for change to the Org Unit** | | | | | | | | | **1 - Change to Org Unit Name**  **2 - Change to Cost Centre Assignment**  **3 - Change to Reporting Relationship (Chief & Time Admin Relationships)**  **4 - Change to Work Address**  **5 - Delimit Org Unit**  **6 - Other – please specify** | | | | | | | | | |
| **Effective date of change** | | | | | | | | | **D** | | **D** | | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Current Org Unit Name** | | | | |  | |  | | | | | | | | | | **Reassigned Org Unit Name** | | | | | | | | |  | | | | | | | |
| 2 | **Current Cost Centre Number /Name** | | | | |  | |  | | | | | | | | | | **Reassigned Cost Centre Name:** | | | | | | | | |  | | | | | | | |
| **3** | **Current Chief**  **of Org Unit (A012)** | | | | |  | |  | | | | | | | | | | **Reassigned Chief**  **of Org Unit** | | | | | | | | |  | | | | | | | |
|  | **Current Org Unit reports to Org Unit Number** | |  | |  | |  | | |  |  |  | |  | |  | | **Reassigned Org Unit report to Unit** | | | |  | |  | | |  | |  | |  |  |  |  |
| **Changes to reason 3 may require revision to Time Administrator/Profile/ESID** Check with SAP HR Helpdesk if you require further information – Email:-saphr.support@hse.ie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Org Unit Time Administrator Name – if applicable** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Note: OM Administrator  Check B290 Relationship | | | | | | |
| **Time Profile/ESID** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | **Work Address** | **Address:**  (1st Address Line) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (2nd Address Line) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | District/City | | | | | | |  | | | | County | | | | |  | | | | | | | | Tel Number | | | |  | | | | |
| **5** | **Delimit Org Unit**  **(Circle Yes/No)** | | | | | | | | | | | | **YES** | | | | | **NO** | | | **Reason For Delimit** | | | | |  | | | | | | | | |
| **Delimit Date** | | | | | | | | | | | | | **D** | | **D** | | **M** | | **M** | **Y** | **Y** | | **Y** | | **Y** |
| **Relationship to Delimit** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does a Location allowance apply to this Org Unit? Please tick** | **YES** |  | **NO** |  |
| **Does a Qualification Allowance apply to this Org Unit? Please tick** | **YES** |  | **NO** |  |
| **Which Qualification group applies to this Org Unit?** |  | | | |

**Requester Signature Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Line Manager Signature:** |  |
| **Date:** |  |
|  |  |
| **General Manager Signature:** |  |
| **Date:** |  |
|  |  |
| **AND/ National Director Signature:** |  |
| **Date:** |  |
|  |  |

**Section C – Approval for update:**

**Section D – Internal Use Only:**

|  |  |
| --- | --- |
| **OM Rep Signature:** |  |
| **Date:** |  |
|  |  |
| **OM Administrator Signature:** |  |
| **Date:** |  |
|  |  |
| **Comments:** |  |
|  |  |