

APPLICATION FORM SHORTER WORKING YEAR SCHEME

INSTRUCTIONS ON COMPLETING OF THE ATTACHED APPLICATION FORM

APPLICANT:

Please ensure you have read the associated **HSE HR circular 18/2009** carefully before completing and signing the attached application form. The circular can be downloaded from

http://hsenet.hse.ie/Working_in_the_HSE/Shorter_Working_Year_Scheme/

Completed forms should be submitted to your line manager for consideration of approval (See detailed instructions provided “How do I make an application”).

Line Manager

On receipt of application under this scheme please acknowledge to the applicant. Please complete portion of application form in which you are required to make your recommendation on the application. You should ensure that you arrange to submit the form to the Area Human Resources Department for appropriate action.

APPLICATION FORM SHORTER WORKING YEAR SCHEME

- Applicants are advised to read **HSE HR Circular 18/2009** carefully before completing and signing this form. These documents are available on the HSE Intranet or from your Administrative Area Human Resource Department (*who can I contact?*). Applicants who are uncertain as to the meaning of any of the contents of the form should seek clarification from their HR Department. Employees are, of course, free to seek independent advice. Applications must reach the Human Resources Department for your area no later than 30th November of the year previous to that in which it is intended to avail of the special leave.

1. NAME: _____

2. CORRESPONDENCE ADDRESS: _____

3. TELEPHONE NUMBER: Work _____ Other _____

4. EMAIL ADDRESS: _____

5. DATE OF BIRTH: _____

6. EMPLOYEE NUMBER: _____

7. PPS NUMBER: _____

8. TITLE OF POST AND GRADE: _____

9. WORK LOCATION (e.g. Hospital, PCCC Area) _____

10. LINE MANAGER: _____

11. LINE MANAGER CONTACT DETAILS (telephone & email): _____

12. DATE OF SPECIAL LEAVE: FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

13. I WISH TO APPLY FOR SPECIAL ADMINISTRATIVE ARRANGEMENTS TO ALLOW MY BASIC PAY TO BE PAID PRO-RATA THROUGHOUT THE YEAR: YES _____ NO _____

14. I UNDERTAKE THAT ANY OVERPAYMENT WHICH MAY ARISE FROM MY PARTICIPATION IN THIS SCHEME WILL BE REPAID TO THE HSE NO LATER THAN 31ST DECEMBER OF THE YEAR THE SPECIAL LEAVE IS TAKEN

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

1. **Recommended by:** _____
Head of Section

Title: _____

Date: _____

2. **Approved by:** _____
Head of Department

Title: _____

Date: _____

Decision No.: _____

- Please note a copy of this form should be sent to your Area Human Resource Department no later than 30th November of the year previous to that in which it is intended to avail of the special leave.