|  |  |
| --- | --- |
| ***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**

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |  |
| --- | --- | --- |
| 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** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 AdministratorCheck 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:** |  |
|  |  |