

Shorter Working Year Scheme Application Form – HR 115

This form is to be used by employees to apply for Shorter Working Year Scheme

Information will be input on the HR /Payroll system for the purposes of Personnel and Payroll Administration.
Please complete form in Block Capital/Tick appropriate boxes.

Section 1. To be completed by the employee														
I wish to apply for inclusion in the Shorter working Year Scheme in accordance with the terms and conditions set out in Circular 023/2015														
Surname:							First Name:							
Grade:							Personnel No.							
Date of Birth														
Correspondence address														
County:				Post Code*				Country						
Contact Phone No:							Mobile Phone No:							
e-mail address:														
Title of Post:														
Work Location (Address) (e.g. Hospital, PCCC area)														
I confirm that I have read and understand the terms and conditions as per Circular 023/2015 Yes <input type="checkbox"/> No <input type="checkbox"/>														
If this is your first application have you completed one year's continuous service with the HSE? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Date of commencement of service														
Proposed Dates of Special Leave														
Number of Weeks leave required (tick one)							2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 13 <input type="checkbox"/>							
Payment Method required (tick one)							Special administrative arrangements (Averaged Pay) <input type="checkbox"/>							
							Unpaid <input type="checkbox"/>							
From														
From														
From														
Line Managers Details														
Surname:							First Name:							
Address														
Contact Phone No:							Mobile Phone No:							
e-mail address:														

If Faxing please ensure Employee's Name and Personnel Number are included on each page of the form

Name _____ Personnel No. _____

Declaration

1. I declare that all information given by me in this application is true and complete.
2. I understand that my acceptance of the shorter working year scheme is subject to the terms outlined in circular 023/2015.
3. 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
4. I understand that this leave must be used for the purpose for which it is being sought

Signature	Date								
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Section 2. To be completed by the Line Manager

Special Leave Recommended	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signature	Date								
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Name:	Grade
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Contact Phone No:	Mobile No:
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E-mail Address

Section 3. Senior Management Approval

Special Leave Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signature	Date								
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Name:	Grade
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Contact Phone No:	Mobile No:
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E-mail Address

Comments (if application is refused, state why)

Important: If the application is approved this form must be returned to HR by 30th November.

Section 4. Delegated Officer Approval

Name (Print)	Signature
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Tel No	Date								
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Decision No

Section 4. To be completed by Human Resources, Personnel Administration

Is Employee in receipt of interim payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes has Payroll been notified to cease interim payment	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Date payroll notified to cease interim payment									
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System updated by	Date								
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Payroll Notified to set up averaged pay	Date								
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If Faxing please ensure Employee's Name and Personnel Number are included on each page of the form

Name _____ Personnel No. _____

Section 5. Payroll Section										
Name:					Signature					
Phone No:					Date					
Section 6. Payroll Interface										
Location Code										
Wage Type					Payroll Area					
Employment Signal					Date					
Section 7. Circulation List										
1					2					
3					4					