Hourly Staff1 Set-Up Form

**Section 1- Page 1 + 2 – To be completed by Line Manager**

**Section 2- Page 3-5 To be completed by Hourly staff member**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A copy of the required qualification, Job Description, CV and References must accompany this form when submitting same to HR.**

**\*\*\*The hourly set-up process will not proceed in the absence of the required documentation\*\*\***

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| --- | --- | --- | --- | --- | --- | --- |
| **Subject Area** |  | ***Department*** | |  | |  |
| **Required Qualifications (copy required)** | | ***Yes*** |  | ***No\**** |  |  |
| **Hourly staff job description (copy required)** | | ***Yes*** |  | ***No\**** |  |  |
| **CV (copy required)** | | ***Yes*** |  | ***No\**** |  |  |
| **References (copy required)** | | ***Yes*** |  | ***No\**** |  |  |
| **Garda Vetting Required** | | ***Yes*** |  | ***No*** |  |  |
| **Is the proposed employee in receipt of a public sector pension?** | | ***Yes*** |  | ***No*** |  |  |

|  |  |
| --- | --- |
| **Please declare any potential conflict of interest** |  |
| **Reason for Hire** |  |
| **Recruitment Method**  **(e.g.** **internal /external advertising, referral, interview)** |  |

**To be completed by Course Leader/Hiring Manager and HoD:**

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| **No. Hours Required** **(Max 7 hours per week)** | | | | | | | | |  | | | | | | | | |
| **Contract Start** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **Contract End** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| ***\* The Core Portal account will be deactivated 1 month after the contract ends therefore ensure you have submitted all outstanding claims before this time*** | | | | | | | | | | | | | | | | | |

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| **Hourly Rate of Pay** |  | | | |
| **Source of Funding** |  | | | |
| **Cost Centre** |  | | | |
| **Within Budget** | ***Yes*** |  | ***No*** |  |

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| **University Microsoft 365 Account**  Some users may require access to University Systems as part of their role at the University of Limerick. This section relates to provision of a University Microsoft 365 Account. This includes a mailbox with @ul.ie email address, OneDrive, Teams etc.  **Does this employee require a University Microsoft 365 account?**  Note, an account should only be requested if the individual requires it to carry out the role in question. If you have requested access for this employee, please provide justification:   |  | | --- | | **Justification:** |   *Please note all requests for a new Microsoft 365 account must include personal* ***Email Address*** *and personal* ***Telephone No.*** *This is to facilitate MFA at account set up stage.* | Yes |  | No |  |

***Please note that incomplete forms will not be processed and will be returned to the Department***

***\*Denotes incomplete set up form***

|  |  |  |  |
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| ***Approver 1 (Course Leader/Hiring Manager)*** | |  | |
| **Print Name** |  | **Signature** |  |
| **Date** |  | | |

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| ***Approver 2 (Head of Department)*** | | | |
| **Print Name** |  | **Signature** |  |
| **Date** |  | | |

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| ***Approver 3 (Faculty Dean)*** | | | |
| **Print Name** |  | **Signature** |  |
| **Date** |  | | |

*1The following categories of staff are not covered by this policy: Post-graduate/Undergraduate Students, once-off lectures.*

|  |  |  |  |
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| ***Any additional Department employees to be notified of approval (i.e. administrative)*** | |  | |
| **Name** |  | **Position** |  |
|  |  |  |  |

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| ***Name of hourly*** | ***Planned utilisation of Hourly hire (Ad hoc,Weekly etc)*** | ***Duration of Hourly hire (in weeks)*** | ***Teaching on a core module (Y/N)?*** | ***Module size- Number of students expected*** | ***Funding type (Core/External?)*** | ***Total contract hours*** |
|  |  |  |  |  |  |  |
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**Section 2 – To be completed by Hourly staff member:**

**\*\*\*Approved claims for hours worked must be submitted in the month following completion of the work\*\*\***

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| --- | --- | --- | --- |
| **PPS No** |  | **Title (Mr, Mrs, Dr etc.)** |  |
| **Forename** |  | **Middle Name** |  |
| **Surname** |  |  |  |
| **Date of Birth** |  | **Gender** |  |
| **Nationality** |  | **Known As** |  |
| **Address** |  | | |
| **Telephone No** |  | **Email Address** |  |
| **Bank Name & Address** |  | | |
| **Bank A/c Holder Name** |  | | |
| **BIC No.** |  | | |
| **IBAN** |  | | |

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| **1. Are you now or were you previously employed by the University of Limerick**  If yes, please provide current/previous Personnel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you previously had an @ul.ie email address, would you like to reuse this account again in your new role.  If so, please provide previous @ul.ie email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2. Are you a registered student?**  If yes, please provide current/previous student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you previously had an @ul.ie email address, would you like to reuse this account again in your new role.  If so, please provide previous @ul.ie email address.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***- If you have answered YES to Q 2, please complete the temporary Casual Student set up form & return to the Salaries office.***  ***- If NO please continue to complete this form & return to the Human Resources Division***  **3. Are you in receipt of a pension from another public sector organization?** | | | | | | Yes  Yes \*  Yes  Yes  Yes |  | No  No  No  No |  |
| If Yes (Q1) | From: |  | To: |  | Details: | | | | |
| Is Work Authorisation required? Applicable to non-EU/EEA citizens.  **NB :** If you have answered no and are a non-EU/EEA citizen please include a copy of your GNIB card showing the current stamp you hold . | | | | | | Yes |  | No |  |

**Declaration –** I confirm that the above information is accurate and correct on the date indicated below. I undertake to notify the relevant Authority of any changes to this information by completing the appropriate form.

***Employee’s Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:***

HEPSS (Higher Education Payroll Shared Services) HEPSS is an initiative of the Department of Education to consolidate the payroll function of HEI’s across multiple sites into a shared services environment. Since June 2023, HEPSS process the UL payroll. HEPSS staff are subject to strict confidentiality obligations in relation to UL staff data. The necessary contractual and data protection arrangements are in place.

**Self-Declaration on Criminal Offences**

**Employee Post Details:**

|  |  |
| --- | --- |
| Forename |  |
| Surname |  |
| Address |  |
|  |
|  |

**Questionnaire on criminal offences:**

1. Have you ever been convicted of or charged with a criminal offence in Ireland or in any other

country?

YES NO (Please circle the appropriate response)

In the event that you have answered yes to the above questions please provide details below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Court** | **Offence** | **Court Outcome** |
|  |  |  |  |
|  |  |  |  |

By signing below, you acknowledge that the University may make enquiries to check the accuracy of the information provided and that the University reserves the right to carry out criminal background checks on all applicants for employment.

The University of Limerick reserves the right not to proceed with your application for employment if you provide any information in this questionnaire which, in the reasonable opinion of the University, renders you unsuitable for employment in the position you have applied for.

If you provide any false or misleading information in this questionnaire, the University of Limerick reserves the right not to proceed with your application or to withdraw any offer of employment made or, where you have already commenced employment with the University, to terminate your employment.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH SELF-DECLARATION FORM**

This form is to be filled out by the candidate and returned to HR with signed acceptance of employment contract to:

The HR Division, University of Limerick, Limerick.

The completed form will be kept confidentially in the HR Division.

Before being accepted by the University of Limerick as suitable for appointment, candidates must satisfy certain criteria including suitability in respect of health. The onus is on you to declare your suitability, to the best of your knowledge regarding your health status and in this regard you are asked to sign this self-declaration. Please note that any false declarations are liable to your disqualification from the competition and/or termination of your appointment to the position.

Under the terms of current employment legislation, obligations are placed on both the employer and employee to contribute to ensuring that their workplace and their systems of work are safe.

Please note that the University of Limerick is concerned not to breach confidentiality in respect of a candidate’s medical history. Should you wish to declare any medical history in confidence, we can arrange for you to bring the matter directly to the attention of the Occupational Health Physician. This information will remain confidential between you and the Occupational Health Physician.

#### Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION:**

\*I hereby declare that, to the best of my knowledge there is nothing on grounds of health which would preclude me from meeting the conditions of employment and performing my duties in a consistent and satisfactory manner. I also declare that I am fully competent, fully capable and available to undertake the duties of the post.

**\*Please tick box to indicate that you have read and understood the declaration**

***NB: I accept that if I make a false declaration I will be liable for disqualification from the competition and/or termination of my appointment to the position.***

**Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**