



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Corporate Employee Relations Services
HR Directorate
Health Service Executive
Oak House
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Memorandum

To: *AND's HR (for circulation)*
HR Managers of DATHS and Voluntary Hospitals
(for circulation)
National Payroll Manager (for circulation)
HR Managers – ID Sector (for circulation)
HR- Children and Families (for circulation)

From: *Paul Byrne – Employee Relations Manager - CERS*

Cc: *CERS team.*

Date: *8th January 2014*

Re: *HRA – Employees on final point of their scale with salaries*
between €35,000 and €65,000, (incl of allowances in the nature of pay)

Dear Colleagues,

Please find attached form, which may be of assistance to you, and to ensure consistency across the services.

It would be in order to use this form when applying the various deductions in leave or pay, arising from the HRA.

Regards

Paul Byrne
Employee Relations Manager
Corporate Employee Relations



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Form for HRA sections 2.24 and 2.25 - Employees on final point of their scale with salaries between €35,000 and €65,000 (Inc of allowances in the nature of pay)

For those currently on the final point on the incremental scale and with salaries between €35,000 and €65,000 (Inclusive of allowances in the nature of pay), the following arrangements apply:

A total reduction from annual leave entitlement over the period of the agreement of 6 days

Or

A cash deduction from salary of an equivalent amount to the value of

(a) The 6 days annual leave OR (b) half of the most recent increment, whichever is lesser.

Contributions will be calculated (in respect of annual leave days and increments) on gross pay rates and reduced by 62%.

Those opting for cash deduction to the value of the leave must have their liability for the leave year, paid within that leave year. Those opting to pay "half the most recent increment" must have the amount fully paid within 12 months of the first deduction. The "increment" is the difference between the current value of the final point and the current value of the previous point on the scale.

Or

Take 6 days unpaid leave. (Please be advised that the unpaid element is deducted at the 100% daily value)

Employee Name: _____

Employee No: _____

Job Title: _____

Department: _____

Cost of 6 days annual leave, gross value _____

(a) Cost of 6 days less 62%: _____

(b) Cost of half value of most recent increment, less 62%: _____

DECLARATION:

I confirm that I agree to:

_____ Reduce my annual leave by 2 days / pro rata for 3 years

_____ A cash deduction of _____ (value at a or b above) taken within twelve months from my salary

_____ Take 6 days unpaid leave (100% deduction) Proposed dates _____

Signed: _____

Date: _____ Contact No: _____

To be completed by Line Manager

Signed: _____

Date: _____ Contact No: _____

Please keep a copy, give a copy to employee and forward original to the appropriate section:

Where employee opts to reduce annual leave please send to local HR.

Where the employee opts for cash deduction please send to local Payroll

Where employee opts for unpaid leave please send for time entry or local Payroll for Non SAP Payroll sites

PROCESSING

Local HR section

Quota reduction complete _____

Signed: _____

Local Payroll section:

WT 5790 HRA salary forfeit period amount created/Payroll deduction set up _____

WT 5791 HRA salary forfeit balance created/Payroll deduction set up _____

Signed: _____ Input Pay date _____

Time Administration (where appropriate):

Absence created: _____

Signed: _____