

UCD HR Permanent & Temporary Employee Set-up Form

- Payments to employees cannot be processed without this form completed in full
- Please use BLOCK CAPITALS
- Your PPS number must be included below
- Non-EEA nationals must hold a valid work permit. Please see www.ucd.ie/hr for more information
- The Organisation of Working Time Act 1997 limits the maximum average working week to 48 hours. Weekly working time can be averaged out over a 4 month reference period.
- It is University Policy that all payments through the College payroll must be made directly to Bank Account/Building Society.
- This signed form should be returned to the, UCD HR Resourcing, accompanied by signed contract and a Certificate of Tax Credit and Standard Rate Cut-Off Point (made out to UCD), or P45 Cessation Certificate (current tax year only)

Section (A) Personal Details

Do you currently or have you ever been in receipt of payment from UCD? No <input type="checkbox"/> Yes <input type="checkbox"/>						<i>If 'Yes' please specify UCD Personnel number if known:</i>								
P														

Forename: _____ Surname: _____ Middle Name: _____
(If applicable)

Known As Name: Title: (Dr. Ms. Etc.) e-Mail address:

Home Address:

Post Code:

Phone No: _____ Nationality: _____ Gender: Male: ☐ Female: ☐

Date of Birth:

D	D	M	M	Y	Y
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 Civil Status: Maiden Name: *(If applicable)*

PPS No:								
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Section (B) Next of Kin Details

Name: _____ Phone No: _____ Relationship: _____

Address:

Section (C) Dependant Details

For pension purposes please include all dependant information including spouse, children who are under 18, children over 18 but in full-time education and children who are permanently dependent due to a mental or physical disability

Date of Birth: Gender: Name: Relationship: University / College: (If applicable)

P	P	M	M	Y	Y	M: <input type="checkbox"/> E: <input type="checkbox"/>				
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☐ ☐ ☐ ☐ ☐ ☐ M: ☐ E: ☐

P	P	M	M	Y	Y	M: <input type="checkbox"/> F: <input type="checkbox"/>				
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D	D	M	M	Y	Y
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M: ☐ F: ☐

P	P	M	M	Y	Y	M: <input type="checkbox"/> F: <input type="checkbox"/>			
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Have you availed of a period of Parental leave with a previous employer in respect of this child/children? No: ☐ Yes: ☐

If 'Yes' provide dates of leave taken:

Section (D) Direct Payment Mandate

Please send all my future wage / salary payments directly to my account:

[illegible]

IBAN No: (Max 34 Characters)

[illegible]

I declare that all particulars stated in Sections A - D are complete and correct

Employee Signature: _____ Date: _____

HR / Payroll:

Input HR Operations: ☐ Name: _____ Date: _____

Payroll Checked: ☐ Name: _____ Date: _____