**PART 1: To be completed by: the Manager of the Occasional Employee**

**PART 2: To be completed by: the Occasional Employee**

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| **1. School / Unit Details** | | | |
| **Faculty / Division** | **FAHSS / FEMS / FHS /** | **School / Unit** | **School of** |
| **Cost Centre** |  | **Manager’s name** |  |
| **Project /GL Activity** |  | **Source of Funds/Award** |  |

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| **2. What is the purpose of the work:**   |  |  | | --- | --- | | Teaching |  | | Tutorials |  | | Demonstration |  | | Essay/Script marking |  | | Sports |  | | Administrative |  | | Technical |  | | Invigilation |  | | Catering/ Hospitality/ Housekeeping |  | | Research |  | | **3. Why the work is required on an Occasional Employment basis**   |  |  | | --- | --- | | Technical/Specialist expertise |  | | Provision of industry/professional expertise |  | | One-off short-term project-based task |  | | Cover for absence of staff member |  | | Cover or partial cover for buy-out hours |  | | Seasonal short-term work: Buildings & Services |  | | Activities to support a specific annual or one-off event |  | | Cyclical work related to Exams, Assessments, Graduation, Registration |  | |
| **4. Expected duration of employment:**   |  |  | | --- | --- | | **Dates: provide start & finish dates** | | | Start date  **(DD/Month/YYYY)** |  | | End date  **(DD/Month/YYYY)** |  |   **5. Expected Working Pattern:**   |  | | --- | | **Hours per Week (estimated) and number of weeks** | |  | | **6. Rate of Pay**  Standard rates of pay apply for Occasional work based on the nature of the work as outlined in Section 2.  If a rate for the job is required, provide rate and rationale below   |  | | --- | |  | |

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| **7. Details of the Occasional Employee** | | |  |  | |
| Employee Name |  | EmployeeStaff ID or PPS number | | |  |

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| **8. IT Access** Please tick if necessary for the role and as required |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Email |  | Blackboard |  | ID Card |  | |  |  |

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| I have verified the appointee is suitably qualified for the role and have verified supporting documentation or qualifications. | | | |  |
| I confirm that this role: *Does not require Garda Vetting,* Or,  *This role requires Garda Vetting and the appointee has been vetted prior to commencing* | | | |  |
| Signature of Line Manager  (Digital Signature not typed) |  | Date: |  | |

**To be retained by**: the Employee as Terms and Conditions document

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| **1 Employer Details** | |
| **Employer Name and address** | Trinity College Dublin, College Green, Dublin 2  Your principal place of work will be the University Campus. You may be required to work on either a temporary or indefinite basis at any premises, which the University currently has or may subsequently acquire, or at any premises at which it may from time to time provide services. |

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| **2. Employment Details** |  |  |  |
| Your employment will be on a casual basis. Each period of engagement is distinct and ceases at the end of that engagement. As an occasional employee, there is no guarantee of ongoing or regular work, and no mutuality of obligation. | | | |

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| **3. Compliance with University Policies** | | | |
| All employees of Trinity College Dublin are required to comply with all the University’s published Policies and Procedures. By accepting employment in the University, you confirm that you understand and accept your obligation to comply fully with ALL University Policies during your employment with the University and agree to be bound by them. You also agree to regularly check for new and updated policies. The full transcripts of University’s Policies are available at www.tcd.ie/About/Policies | | | |
| Signature of Line Manager  (Digital Signature not typed) |  | Date |  |

**Additional information for Occasional Staff**

Occasional employees are entitled to holiday pay as set out in the Organisation of Working Time Act 1997 (Sect 19.1).

Occasional employees are not eligible for paid leave.

Occasional employees are not eligible for sick pay. This is subject to review in the context of the government’s statutory sick pay scheme.

Occasional employees are not pensionable.

Occasional employees who have been in continuous employment for at least 13 weeks are obliged to provide their employer with one week’s notice of termination of employment. Employer notice periods are as per Minimum Notice and Terms of Employment Act, 1973.

Number of hours may vary based on operational need and/or timetabling requirements, as directed by the Head of the Department, or by a person authorised by them to give instructions in this regard.

Occasional employees must complete the work in Ireland.

Occasional employees must have full entitlement to work in Ireland.

**PART 2: To be completed by: the Occasional Employee**

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| **Personal Details** | |  |  | | | |
| **PPS No** |  | **PRSI Class** |  | | **Title**  (Mr, Mrs, Dr, etc.) |  |
| **First Name** |  | **Surname** | |  | | |
| **Date of Birth (DD/Month/YYYY)** |  | **Gender[[1]](#footnote-1)** | |  | | |

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| **Contact Details** |  |  |  |
| **Home Address\*** |  | | |
| **Contact Number** |  | **Email Address** |  |
| 🞏 | **\*If the home address is not in Ireland please tick to confirm the work being carried out will be completed in Ireland** | | |

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| **Bank Details** |  | |  |  |
| **Bank Name & Address** | |  | | |
| **Bank A/c Holder Name** | |  | | |
| **BIC No.** | |  | | |
| **IBAN** | |  | | |

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| **Previous Employment or Student with Trinity College** |  | |  |
| Are you now or were you previously employed by Trinity College | | Yes / No | |
| **If Yes**, please provide your previous staff number, if known | |  | |
| Are you a current Student at Trinity College | | Yes / No | |

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| **Nationality and Eligibility** | |
| Employee Nationality (type your nationality) |  |
| On what basis are you eligible to work in Trinity College (tick the appropriate box) | 🞏 Irish, UK or EU National  🞏 Other (provide details below) |
| **NB:** If You are a non-EU/EEA citizen, please include a clear copy of your IRP card showing the current stamp you hold at the end of the form | |

**Declaration:** I confirm that the above information is accurate and correct on the date indicated below. I undertake to notify HR of any changes to this information by completing the relevant form. I undertake to comply with all the University’s published Policies and Procedures.

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| Staff Signature  (Digital Signature not typed) |  | Date: |  |

**Send completed forms (Parts 1 and 2) to:** [hroccasionalstaff@tcd.ie](mailto:hroccasionalstaff@tcd.ie)and the Local Administrator / Line Manager.

1. Required for the University’s gender equality report [↑](#footnote-ref-1)