**Interim** Nomination for Appointment Form

## ACCEPTED IN TYPED FORMAT ONLY

**IMPORTANT NOTES:**

* All forms must be typed and signed
* An [Applicant Declaration Form](http://www.tcd.ie/hr/assets/pdf/ApplicantDeclarationForm.pdf) must be completed and returned **with this Form** for any applicant being nominated to pensionable posts **before** such staff can be set up on the Payroll System ([CLICK HERE](http://www.tcd.ie/hr/assets/pdf/ApplicantDeclarationForm.pdf))
* An ASC10 Form must also be completed and returned **with this Form** before staff can be set up on the Payroll System
* Incomplete or unsigned forms will be returned and will lead to delays in salary payment. Please [CLICK HERE](https://www.tcd.ie/hr/assets/pdf/research-setup-flowchart.pdf) to view a Flowchart of Staff Set up based on their residential status.
* Completed forms, Applicant Declaration and ASC10 Forms if applicable, should be returned to your **Faculty HR Partner:**
* Faculty of Arts, Humanities and Social Sciences – ahsshrp@tcd.ie
* Faculty of Science, Technology, Engineering and Mathematics – STEM.HR.Partner@tcd.ie
* Faculty of Health Sciences – fhshrp@tcd.ie
* If availing of the career developmental teaching, please provide the relevant cost code to be used for the teaching payment, if applicable

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| --- | --- | --- | --- |
| Title of Post: |  | School: |  |
| Work Group:If this person will be a Work Group owner, please specify the Work Group they will own: |  | Is a new Work Group required?Work Group Title:Work Group Owner: |
| Gender: |  | Degrees or qualifications and awarding body for each qualification |
| Title (Mr/Ms/Dr/Prof. etc.) |  |  |
| First name(s): |  |
| Surname: |  |
| Email: |  |
| Phone No: |  | Nationality: |  |
| Home Address: |  | Work Permit / Hosting Agreement required? |  |
| Date of Birth: |  |  |  |
| Discipline: | (i) Permanent Contract |  |
|  | (ii) Specific Purpose Contract (must specify reason for this inclusion in contract) |  |
| (iii) Fixed Term Contract |  |
| (one of the above must be selected) |  |
| New post or replacement? (If replacement, please give previous post holder): |  | Salary (exclusive of employer costs[[1]](#footnote-1)) & point on scale: |  |
| Additional Remuneration (if any): |  | Date of 1st increment |  |
| Hours worked per week (required): |  | Increment amount |  |
|  |  | Should salary increase in line with National Wage Agreements? |  |
| Commencement Date: |  | Termination date:OR Permanent/Indefinite duration? |  |
| RESEARCH STAFF DETAILS –  |  | Additional Comments |
| Title of Project: |  |  |
| Source of Grant: |  |
| Principal Investigator: |  |
| Annual Leave (minimum 22 days which includes 4 days in respect of Christmas closure days): |  |
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**Part 2: Occasional Classroom Teaching for Career Development Purposes for Research Fellows/Post-Docs**

To be completed by the PI/School **only** if the Research Fellow/Post Doc is availing of Occasional Classroom Teaching for Career Development Purposes:

If availing of this career developmental teaching, it is **capped at two academic years**, maximum of 20% of the Schools teaching allocation model for contact hours per annum; accumulation of which over two years can be distributed flexibly and **cannot be renewed**.

Please refer to the [Research Post Doc Support hub](https://www.tcd.ie/research/support/postdoc-support.php) for further details and guidance on this.

**Tick one box only**

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| **Scenarios:** | **Details** | **Yes/No - details** |
| Scenario 1**(no additional pay applies**) | Research grant agreements **with built-in teaching** requirements. If yes, provide details of the built-in teaching requirements:  |  |
| Scenario 2**(additional payment may apply, to be added to the gross salary for the duration specified)** | 100% FTE research contracts **with** funder’s guidelines/provision for teaching. If yes, please provide details of the teaching requirements and salary amount and duration: |  |
| The Researcher/Post Doc will revert to Research **only** contract when the period of developmental teaching expires. **Please confirm salary amount** for Research Fellow/Post Doc only contract to be applied at that time. |  |
| Scenario 3**(payment is made by way of a separate contract)** | 100% FTE research contracts **without** funder’s guidelines /provision for teaching: In this case the grant provided needs to agree to a reduced Researcher/Post Doc FTE contract and a separate Adjunct Teaching Fellow contract issues for the period of developmental teaching. Please provide details of reduced Researcher/Post Doc FTE |  |
| The Researcher/Post Doc will revert to Research **only** contract when the period of developmental teaching expires. **Please confirm** that the employee **will revert to 100% FTE** Researcher/Post doc **contract and salary** |  |
| Scenario 4**(payment is made by way of a separate contract)** | Part-time Research fellow/Post Doc contracts of less than 100% FTE: Please confirm if the employee will avail of Occasional Classroom Teaching for Career Development Purposes for the remaining percentage up to a max of 100% . If so, please provide details: |  |

**\*Please note that Adjunct Teaching Fellow work is paid on the Teaching Fellow pay scale in line with public sector pay rules (**commence on pt 1)

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| **Research Codes**\* | Project No | Organisation | Expenditure Type | Task No | Award No | % to be Charged |
|  |  |  | 01 |  |  |
|  |  |  | 01 |  |  |
|  |  |  | 01 |  |  |
| **\* Research Grant is Exchequer Funded Yes/No** ***(If exchequer funding is <45%, please select ‘No’)*****\* If availing of the career developmental teaching, please provide the cost code to be used for the teaching payment (ref: scenarios 2,3 & 4 below)** |
| **GL Codes** | GL Cost Centre | GL Activity | GL Source of Funds | GL Expense Code | % to be Charged |
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| **Accounts Receivable Codes** | Customer Name | Customer Number | Bill to Location | % to be Charged |

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| --- | --- |
| **I am satisfied that**  | **Please tick to confirm:** |
| The above coding is valid & correct |  |
| Funding for this project is in place for the duration of the proposed contract |  |
| The Employee will be resident in Ireland from the commencement date on the Nomination for Appointment Form to ensure the correct set up on the Trinity Payroll for tax and employment compliance. |  |
| This teaching has the approval of Grant Provider (except in scenario 4)  |  |
| This teaching has the approval of the PI/HoS/DUGTL/DPGTL  |  |
| This teaching is occasional and is not a substitute for the School’s core teaching activity  |  |
| This teaching is **not** more than 20% of the Schools teaching allocation model for contact hours per annum |  |
| The above cost code for the teaching payment is correct  |  |

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Nominating Committee or Principal Investigator*

**Head of School Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **Date of FEC Approval / Meeting:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Please supply Name, Extension No. and Email of person who can be contacted by Human Resources if there are any queries regarding this form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employer costs = Employer PRSI 11.05%; Pension (where applicable) – currently 10% and 20% where ECF applies [↑](#footnote-ref-1)