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](mailto:ahsshrp@tcd.ie)
* Faculty of Science, Technology, Engineering and Mathematics – [STEM.HR.Partner@tcd.ie](mailto:STEM.HR.Partner@tcd.ie)
* Faculty of Health Sciences – [fhshrp@tcd.ie](mailto:fhshrp@tcd.ie)

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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 | |  | |
| 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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| --- | --- | --- | --- | --- | --- | --- |
| **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’)*** | | | | | | |
| **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 |
|  | |  | |  |  |
|  | |  | |  |  |
|  | |  | |  |  |

**I am satisfied that**

|  |  |
| --- | --- |
| * The above coding is valid & correct |  |
| * Funding for this project is in place for the duration of the proposed contract |  |
| * Please confirm 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. |  |

**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)