

**VERIFICATION OF SERVICE**  
**TO BE COMPLETED BY HR OR SALARIES DEPARTMENT ONLY**

<b>Name and Address of Employer</b>	
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**Employee Details (While in your employment)**

<b>Name</b>	
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**Employment Details:**

<b>Exact Dates of Employment</b>	<b>From: (dd/mm/yyyy)</b>	<b>To: (dd/mm/yyyy)</b>
<b>Current Grade: Dates of Employment (if different from above e.g. Acting)</b>	<b>From: (dd/mm/yyyy)</b>	<b>To: (dd/mm/yyyy)</b>

**Type of Employment: (please tick relevant box(es))**

Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Agency <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Locum <input type="checkbox"/>
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**Salary Details:**

<b>Current Grade: Title of Post</b>	
<b>Salary Scale Amount (annual)</b>	<b>Salary Scale Point:</b>
<b>PRSI Class A or D (Please specify)</b>	
<b>Allowance: (Type &amp; Amount)</b>	
<b>Incremental Date:</b>	If on maximum point date of commencement:

<b>Substantive Grade (if applicable)</b>	
<b>Salary Scale Amount (annual)</b>	<b>Salary Scale Point:</b>

<b>Irish Public Sector Employees:</b>
HRA Applied to above incremental date? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of First Freeze: _____ Date of Second Freeze: (if applicable) _____ Other: _____

<b>Health Service Executive/Tusla Employees:</b>
<b>Number or concession days converted to Annual Leave entitlement:</b>

**Authority:** Public  Private  Other  If other please explain:

<b>Has Probation being successfully served</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes please attached evidence of same</b>	

**Pension Details:** Non New Entrant  New HSE Entrant  SPSPS  Not applicable

**Please be aware that previous service is subject to certification and may not be reckonable for Service, Self Employed Practice is not eligible for Service.**

Position Held by Signatory: \_\_\_\_\_ Contact Tel Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_ Stamp: \_\_\_\_\_

Once completed this form can be: Returned directly to the applicant or if you would prefer

1. emailed to [resources.human@hse.ie](mailto:resources.human@hse.ie) please ensure you include the name of the applicant

Posted to: Group Recruitment & Retention Office, Room 53, 1st Floor, Clinical & Administration Building, Block A, Merlin Park University Hospital, Galway.