

ASSIGNMENT No.										TITLE		517	PRESENT APPOINTMENT, PROMOTIONS, CHANGES OF GRADE										DATE	INCREMENTAL DATE	PAY SCALE & POINT	FINAL POINT	SALARY/WAGE																							
SURNAME	02																																																	
FORENAMES & INITIALS	03																																																	
MAIDEN NAME	500																																																	
HOME ADDRESS	501																																																	
POSTCODE	520																																																	
ADDRESS FOR PAY ADVICE	502																																																	
										FIELD		CHANGE TO		DATE																																				
HOME ADDRESS	503	P																																																
SALARY SCALE AND POINT	16	SCALE		POINT																																														
DATE OF INCREMENT	805	DAY		MONTH		YEAR																																												
PART TIME INDICATOR	08																																																	
PAYMENT START DATE	18	DAY		MONTH		YEAR																																												
DISTRIBUTION CODE	47	P																																																
BANK SORT CODE	509																																																	
BANK A/c No.	510																																																	
BUILDING SOCIETY A/c No.	512																																																	
NAME OF BANK																																																		
BANK ADDRESS																																																		
DATE OF BIRTH	05	DAY		MONTH		YEAR																																												
COM. DATE AUTHORITY	05	DAY		MONTH		YEAR																																												
COM. DATE UNIT	05	DAY		MONTH		YEAR																																												
COM. DATE GRADE	05	DAY		MONTH		YEAR																																												
PROJECTED EARNINGS/COURTS/AEO's															DESCRIPTION										ALLOWANCES & DEDUCTIONS										DATE OF COMMENCING		DATE OF AMENDMENT OR CANCELLATION													
STANDARD HOURS		HOURS		10		DATE		STANDARD HOURS		HOURS		10		DATE																																				
STANDARD HOURS								STANDARD HOURS																																										
STANDARD HOURS								STANDARD HOURS																																										
STANDARD HOURS								STANDARD HOURS																																										
STANDARD HOURS								STANDARD HOURS																																										
						</td																																												

NAME

NUMBER

SERVICE RECORD

Hospital	Period			Grade	W/T or P/T	Remarks			
	From	To					LAST DAY OF CONTRACT		
							LAST DAY OF SERVICE		
							ANNUAL LEAVE PAID AT D.O.L.		
							BANK HOLIDAY PAID AT D.O.L.		
							P.45 DATE ISSUED		
							REDUCED N.I. CARD RETURNED		
							S.P.I.L. DATE ISSUED		
							PREPARED BY		
							DATE		
							CHECKED BY		

SICKNESS RECORD

NOTES

OCCUPATIONAL SICK PAY / LOCUM PAY

OTHER LEAVE

SPS CODES
00 MED CERT'D SICKNESS
01 SELF CERT'D SICKNESS
02 UNCERT'D SICKNESS

- 03 MATERNITY LEAVE
- 04 ANNUAL BANK HOL.
- 05 STUDY LEAVE COURSE
- 07 OTHERS (AUTORISED)
- 08 OTHERS (UNAUTHORISED)

② QUALIFYING DAYS ARE EITHER:

- a) 7 DAYS PER WEEK (ALL SALARIED STAFF INCLUDING P/T)
- b) DAYS EMPLOYEE WAS DUE TO WORK (HOURLY SESSIONAL STAFF)

③ CUMULATIVE WEEKS IN FINANCIAL YEAR =
TOTAL DAYS SSP DUE
QUALIFYING DAYS IN WEEK

- ④ A. AGED OVER 60/65
- B. CONTRACTED FOR <3 MONTHS
- C. AVERAGE PAY <MINIMUM
- D. REFERRED TO D.H.S.S.
- E. NOT YET WORKED

- F. TRADE DISPUTE
- G. DURING CONFINEMENT
- H. 28 WEEKS SSP EXHAUSTED
- I. SICK OUTSIDE E.E.C
- J. IN LEGAL CUSTODY