CONTRACT STAFF APPOINTMENT FORM (OTHER THAN RESEARCH STAFF)

(Please complete in Block Capitals or type) Name of person to be appointed to post (Title, Forename, Surname): Telephone No: E-mail: Please state Nationality: Yes: No: Is the person to be appointed to the post, an EU National? Yes: No: Is the person to be appointed to the post, a Mandated Person? (In accordance with the Children First Act 2015) If 'No', it may be necessary to obtain a work permit form the Department of Enterprise, Trade and Employment in respect of the post. Where a work permit is required, the permit must be in place before the person is employed. It is a criminal offence to employ a person without a work permit, where such a permit is required. An information leaflet and a work permit application form are available from the Human Resources Office. A fee normally applies. Name of Department (e.g. Biology, Registrar's Office): Title of Post (e.g. Temporary Replacement Lecturer in Mathematics): Brief Work Description: How is Post Funded: Who approved the filling of the Post: (Please attach a copy of the Letter of Sanction where appropriate) **Business Unit Number:** Object Code: Line Manager (who the employee reports to): _____ Workgroup Name or Code (if known): _ (If you wish to get details of the workgroup please email essqueries @mu.ie) If the FTE is less than 1, please state the days and hours which the employee will work:

Employment Commencement Date:	
Employment Cessation Date:	
*In general terms, unless there are good reasons for doing otherwise person for a number of years (e.g. 3 years), and where funds a preferable to issue a contract for the full period, rather than, for example year with two subsequent yearly renewals. Issues relating to suit best dealt with under the normal six-month probationary periodemployment.	re available for that period, it is nple, issuing an initial contract for tability of contract employees, are
ls the person to be employed already employed by Maynooth U Yes: No:	niversity?
If Yes, please provide the following details:	
1. Employee staff number:	
2. State:	
a. The objective grounds justifying the renewal of the fixed	term contract
<u>and</u>	
b. The objective grounds justifying failure to offer a contra	ct of indefinite duration

It is important that you advise the Human Resources Office, without delay, and <u>at least three weeks</u> <u>prior to the date of the proposed renewal</u>, of the details of any contract that you wish to have renewed. At <u>least three weeks</u>' notice must also be given in respect of a proposed first appointment.

Please note that if a fixed-term employee was employed by the University prior to 14th July 2003 and has completed three years continuing employment, the contract may be renewed only once and for a fixed term of not longer than one year, unless there are objective reasons for doing so. Please also note that where an employee of the University is employed on or after 15th July 2003, on two or more continuous fixed-term contracts, the aggregate duration of those contracts may not exceed four years, unless there are objective reasons for doing so. In circumstances where these terms are exceeded, in the absence of objective grounds, the relevant contract becomes one of indefinite duration.

A ground will be considered as an objective ground if it is based on considerations <u>other than</u> the status of the employee as a fixed-term employee and the less favourable treatment is for the purpose of achieving a legitimate objective of the University <u>and</u> is necessary for that purpose.

Remuneration	Year 1 €	Year 2 €	Year 3 €	Year 4 €	Year 5 €
Basic Annual Salary in respect of a full-time post					

Please state any <u>particular</u> term(s) and/or conditions which is/are required to be included in the contract of employment (e.g. particular term required relating to duties):
This Contract Staff Appointment Form when completed should be forwarded to:
Human Resources Office Riverstown Lodge
In order to ensure that an employee, is included on the payroll in respect of any particular month, this form must reach the Human Resources Office no later than the first day of that month
Name of Head of Department:
Signed: Date: (Head of Department)