UCD HR Permanent & Temporary Employee Set-up Form

- **Please use BLOCK CAPITALS**
- **This completed and signed form should be scanned and returned, along with your signed contract to HR**
- **Your PPS number must be recorded on the UCD HR/Payroll System. If you do not have one, please apply as soon as possible to the Department of Social Protection as your salary will be subject to emergency tax pending your UCD and Revenue record being updated accordingly. ***
- **Non-EEA nationals must hold a valid work permit. Please see www.ucd.ie/hr for more information.**
- **It is University Policy that all payments through the College payroll must be made directly to a SEPA-compliant Bank Account/Building Society. ***
- **If you have not worked in Ireland before you will need to register online for your revenue self-service account http://www.revenue.ie/en/index.html. After you have completed this, log in and go to the Jobs and Pensions tab to register your employment. UCD's company registration number is 0079124M.**

*Form can be sent to HRHelpdesk@ucd.ie without PPS Number and Bank Details but both should be sent on as soon as available to you.

Section (A) Personal Details

Do you currently or have you ever been in receipt of payment from UCD? **No ☐   Yes ☐**

If 'Yes' please specify UCD Personnel number if known: **P** ☐☐☐☐☐☐☐☐

Full Name:
First   *Last*   *Middle name*

Known as Name: _____   Title (Dr. Ms. Mr. Mx.): _____
(*If applicable*)

Address: _____

_____   *Post Code :(Eircode)* _____

Email: _____

Gender*:* Male: ☐ Female: ☐   Non-Binary ☐ Prefer not to say ☐ Self – Declare (Please State) _____

Nationality: _____   Civil Status: _____

Phone No: _____

PPS No**:** ☐☐☐☐☐☐☐☐☐   Date of Birth: | D | D | M | M | Y | Y |

Section (B) Direct Payment Mandate

Please send all my future wage / salary payments directly to my account:

BIC No: (Max 11 Characters) ☐☐☐☐☐☐☐☐☐☐☐   Account Type: _____

IBAN No: (Max 34 Characters)
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I declare that all particulars stated in Sections A and B are complete and correct.

Employee Signature: _____   **Date:** _____