# Recruitment Request Form (RRF)

**Recruitment Request Form (Confidential)**

**(This form must be submitted to HR for all resourcing requirements)**

**PERSONAL DETAILS**

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| EMPLOYEE NAME: |
| MOBILE NO. | TELEPHONE NO. |
| EMAIL: |
| ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CONDITIONS PRECENDENT – Completed by HR** |
| GARDA VETTING: YES / NO / NA | QUALIFICATION EVIDENCE: YES / NO / NA |
| SATISFACTORY REFERENCES X 2: YES / NO / NA | PRE-EMPLOYMENT MEDICAL: YES / NO / NA |
|  |
| **ROLE DETAILS – Completed by Manager** |
| POSITION TITLE: |  |
| LINE MANAGER:  |  |
| DEPARTMENT: |  |
| JOB DESCRIPTION / DUTIES (attach): |  |
| CONTRACT COMMENCEMENT DATE:  |  |
| CONTRACT COMPLETION DATE (if fixed term temporary):  |  |
| **\*Contract Renewal – Required**Employee Original Start Date: |  |
| How many contracts has the Employee Received? |  |
|  |

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|  **CONTRACT TYPE DETAILS – Completed by Manager** |
| **Contract Types** | **Tick Yes/No, and additional detail if required** |
| 1. Permanent
 | Yes / No | Full-time (i.e. norm 35hrs/week): | Yes / No |
| 1. Permanent – Term time
 | Yes / No | Part-time: (i.e. less than 35hrs/week):(Please indicate total number of hours) | Yes / No |
| 1. Fixed-term - Temporary
 | Yes / No | **Other Details?:** |
| 1. Fixed-term – Temporary – Term time
 | Yes / No |
| 1. Specific Purpose - Temporary
 | Yes / No |
| 1. Letter of Engagement
 | Yes / No |
| 1. Independent Contractor
 | Yes / No |

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| **WORKING HOURS DETAILS – Completed by Manager** |
| 1. DAYS OF WORK (Mon-Fri):
 |  |
| 1. START TIME (norm 9:00 a.m.):
 |  |
| 1. FINISH TIME (norm 5:00 p.m.):
 |  |
| **REST PERIODS:**  | A) MORNING BREAK (paid): |
| B) LUNCH BREAK (unpaid): |
| C) AFTERNOON BREAK (paid): |
| D) Other – please specify |
| **Comments:** |

**REMUNERATION DETAILS – Completed by Manager and HR**

|  |  |
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| **SALARY:** | ***Tick Yes/No, and additional detail if required.*** |
| HOURLY RATE: | YES / NO  |  |
| DAILY RATE: | YES / NO  |  |
| WEEKLY RATE: | YES / NO  |  |
| ANNUAL RATE: | YES / NO  |  |
| PRO-RATA’D RATE: | YES / NO  |  |
|  |
| **APPROVAL DETAILS** |
| **SIGNED BY:** | **SIGNATURE(s)** | **DATED:** |
| 1. LINE MANAGER:
 |  |  |
| 1. H.R. MANAGER:
 |  |  |
| 1. DIRECTOR OF OPERATIONS:
 |  |  |
| 1. PRESIDENT:
 |  |  |
|  |
| **ADDITIONAL INFORMATION AND COMMENTS:** |
|  |
| **Update Payroll**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Update Departments:** Facilities / IT / Bright HR / Maintenance / Reception / Marketing / Data Protection – New Employees / Other |