



Temporary Casual Student Set-Up Form

Section 1 – To be completed by Employee:

Form of Address: Mr. Mrs. Dr. etc		PPS Number															
First Name					Surname Name												
Gender					Date of Birth	D	D	M	M	Y	Y	Y	Y				
Address																	
Telephone Number					Mobile No.					Email							
Are you now or were you previously employed by the University of Limerick?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Have you attached a copy of your University of Limerick Current Student ID Card? (Note 1)											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Have you attached your P45 to this form? (Tick Yes/ No as appropriate)											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Are you a member of a public service pension scheme?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Do you have, or have you a future entitlement to, a benefit under a public service pension scheme?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Have you opted out of such a scheme?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Do you receive a payment in lieu of membership in such a scheme?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			

Bank Details

Bank Name					Bank Address														
Bank Sort Code						Bank A/C Number													
A/C Holders Names																			

Declaration – I confirm that the above information is accurate and correct on the date indicated below. I undertake to notify the relevant Authority of any changes to this information by completing the appropriate form.

Note 1: Your current university of Limerick Current Student ID Card must be attached.

Employee’s Signature: _____

Date: _____

Section 2 – To be completed by Course Leader/Centre Director:

No Hours Requested / Required																	
Contract From:	D	D	M	M	Y	Y	Y	Y	To: (Must be no later than the Current Student Card end date.)	D	D	M	M	Y	Y	Y	Y
Reason for Hire:																	
Subject Area:									Department:								

Course Leader/Centre Director (Approver 1)

Name: _____ **Signature:** _____ **Cost Centre:** _____ **Date:** _____

Section 3 – To be completed by Head of Department:

Hourly Rate of Pay	€		Salary including PRSI and Pensions	€	
Source of Funding:					
Within Budget (Tick appropriate box):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Head of Department (Approver 2)

Name: _____ **Signature:** _____ **Date:** _____