User guide for StaffConnect





Bord Oideachais agus Oiliúna Luimnigh agus an Chláir *Limerick and Clare Education and Training Board*

URL for logging into StaffConnect:

https://limerickandclareetb.sharepoint.com/SitePages/Home.aspx

You can also login into StaffConnect through our website: <u>www.limerickclare.etb.ie</u>

Login page:



Enter your LCETB email and password and sign in.

C https://limericka tb.share ♀ ← 畠 ♂ 🚯 LCETB Intranet Hub - Home 🛛 Edit View Favorites Tools Help 🍰 🅅 Sign in to Office 365 🗿 Limerick & Clare Educatio... 🗿 Web Slice Gallery 👻 🗿 Suggested Sites Å ø BROWSE PAGE ŵ StaffCONNECT > LCETB Intranet Hub EDIT LINKS Search this site **→** *P* Home My Sites LCETB Schools & Departments Further S Education Schools and Training \checkmark ~ Select FET Site LCETB Departments 99 •

Choose your required Site/Department from below:

FET – Further Education Division

When you go to the Home Screen and select your department (e.g. FET Division) the menu below will show up. Select the one you want (FET Division)



The page below will appear. Here you will have access to anything that relates to Further Education.



Other Sample Sites Further Ed.



LCETB Post Primary Schools: Click on your required school.



Sample of School site



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Each Department in the Limerick and Clare ETB has its own site.

Human Resources: Click on the Human Resources Department site.

In this section you will find all relevant HR Policies. It also has all HR forms these include:-

Adoptive Leave Authorised Absence Career Break Carers Leave Application Force Majeure Leave Job Sharing Application Maternity Leave Marriage or Civil Partnership Parental Leave Paternity Leave Post of Responsibility Report Retirement Notification Shorter Working Week Study/Examination Leave

From the drop-down list click on relevant form. Form will then open to be completed. Complete all required fields and click submit.

*Please note completing the form correctly lies on the user as picking the correct centre location determines who the form will be sent to for approval.

All boxes marked with an asterix need to be completed.

<u>NB* Before completing any form please familiarise yourself with the relevant Circular applicable</u> to the form you wish to complete.





Click on the form you require. i.e. Career Break. Then click on +NEW

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Then the Form you require will open.

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			If Other Please Specify:					
			Part 2 - Career Br	eak Details				
			I hereby make application f	or a Career Break as follows:				E
			Date From	* 🛅	Date To	* 🛅		
			Reason for Request			*		
			Have you previously taken	a Career Break?	Select One 🔺 🗸			
			If Yes, state number of year	s taken to date]	
			 A Career Break is gi For teachers, the Ca Applications must b A career break may exceed 5 years at ar For relevant Circula 	ven on an annual basis. reer Break must be taken over a fu e submitted before the 1st March be extended on an annual basis pr ny one time. Ir Letter click on the following <u>ww</u>				
			Date Submission	19/08/2015				
	Submit							
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When you have completed the form click submit , it will then go to your line manager for approval and once they have approved it, it will go to relevant staff in HR.

Sample Forms

Adoptive Leave

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			Part 2	2 - Paid Adop	tive Leave [Details								
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			Are you y If 'Yes', y Claim Fo G.P. or o	paying full rate (i.e. you must submit sep orm (AB1) to Head O online at <u>www.welfa</u>	Class A) PRSI? arately a complete fice. This form is a e.le	d Adoptive B vailable fro	Benefit m your	Select One	* 🗸					
			Part 3	3 - Additiona	Unpaid Ad	optive L	eave l	Details						
			Are you	availing of Addition	al Adoptive Leave?				Select 0	Dne *	~			
			If 'Yes', p	please choose option	A or B:									
			A L	Unpaid Leave up to :	12 days	From			То					
			в (Unpaid Leave to end	of school year	From			То					
			If V If C t	 If you answer 'No', and you subsequently decide to take Additional Unpaid Adoptive Leave, you must notify your Centre Manager at least 4 weeks before you are due to resume work after Adoptive Leave. If you avail of Additional Unpaid Adoptive Leave, you may be entitled to receive PBSI credits plaese complete the 'Application for Adoptive Leave Credits' which is available from DSP and request your employer to complete and return the Employer's Section to the DSP. 						er .				
			Part 4	4 - Adoptive	Leave in Li	eu Deta	ils							-
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Authorised Leave Request Form

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Name]		*		
Centre (Cost Location)			* 🗸		
Part 2 - Event Detail	s				
Event Type	Select Reason for Lea	ve	~		
If Other, Please Enter D	letails				
Event Name					
Event Address					
Event Organiser			*		
Date / Time From	01/09/2015 09:00 AM	Date /Time To	01/09/2015		
Does this event necess foreign travel?	itate				
Click opposite to attach agenda, etc. (if relevant	i) 🖉 Click here to attach	a file			
					*

Carer's Leave Application



Force Majeure Leave



Information Technology Department: Click on the Information Department Site



In this you will find information about the IT Department and its role within the LCETB. You will also find the Electronic Devise Request Form. Click on same and then new.

Please note completing the form correctly lies on the user as picking the correct centre location determines who the form will be sent to for approval

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			Employee Number				1	
			Part 2 - Electroni	c Device Details				
			I hereby make application f	or the acquisition/upgrade o	the below electronic device(;):		
			Electronic Device	Select One	Туре	Select One *]	
			Make	*	Model	*		
			Car Kit (Mobile Only)		Tariff Plan (Mobile Only)			
			Cover	Select One				
			If Other, give details				1	
			Reason for Request			*	1	
]	

If you are currently with a different provider than Three you will also need to complete the port authorisation form. This form will need to be downloaded, completed and sent to I.T.

THREE Port Form

Mobile number portal Authorising a customer to port their mobile nu hree Ireland Services (Hutchison) Limited, 28/29 Sir J	bility customer authorisation mber from another mobile network to Three) ohn Rogerson's Quay, Dublin 2, Ireland. Tel: 1913 Fax: 1800 333 0	DD form 96 Registered in Ireland No. 234895	Three
ealer Code:			
Mobile number you wish to port:	(a) Porting number	(b) New number from pack	
Call 1913 with any queries			
Company Name or Customer Name:			

THREE Business Direct Handset Repair Form

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	Three Business Handset Repair	Direct Form.	*
	Once you have filled this form in full, please email it to businessrepairs@sbe-lt faulth handset in a padded envelope and leave it at your premise's reception to 4pm, this will be collected the next working day. Have you backed up your data? • A software update will be performed which will wipe all data from your hands • We do not require the Sim Card or Memory Card unless your fault is related t • If you are sending in an iPhone, please deactivate "Find my iPhone" and rem Date:	d.le. Please place the completed form and o be collected. If your request is received before set. to either. nove all passcodes from the device.	
	"Handset IMEI number: (dal '1061' or dialpad or found under the battery, on the back of the phone or on the SIM tray) (15digita)		
	Handset Manufacturer: Handset Model:		
	*Fault description defails: (Crity reported faults will be repaired)		
	*Company Name:		
	*Address Line 1:		
	Address Line 2:		

Corporate Services Department. Click on Corporate Services Department Site.



In this site you will find information about Corporate Services role within the LCETB. You will also find forms relating to Incident Accident Reports, Hazard Identification Report etc.



The forms you will find in this section are:-

- Breach Management Report
- Customer Communication Log
- Hazard Identification Report
- Incident Accident Report
- Pregnant Workers Risk Assessment
- Work Experience Risk Assessment

Please note completing the form correctly lies on the user as picking the correct centre location determines who the form will be sent to for approval

Breach Management Report Form

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	Part 1 - Centre De	tails				
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	Centre Manager			٠		
	part 2 - Breach De	etails				
	Date Breach Took Place	* 📖	Date Breach Discovered	* 🎟		
	Who reported the Breach ?			*]	
	Were there any witnesses?		Select One	* 🗸]	= ſ
	If Yes, state Names					
	Please provide details of the	Breach		•	-	
	Were any ICT systems involve	ed?	Select One	* 🗸	1	
	If yes, please list them				1	
	Is any additional material av screen shots, log files, CCTV ?	vailable e.g. error message,	Select One	* 🗸]	
	If Yes, state details					
	Additional Comments:					
	Date Submission	02/09/2015			1	-
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Customer Communication Log Form

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	Centre		* 🗸		
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	Part 2 - Customer	Details			
	Name				
	Address (if known)				E
	Tel (if known)				
	Part 3 - Communi	cation Incident Details			
	Date Of Incident	* 📖			
	Details Of Incident		×		
	Attach File	Ick here to attach a file			
	Have you given the customer	er a 'Customer Care Complaints Form'	Select One		
	Date Submission	02/09/2015			
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Hazard Identification Report Form

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	Centre			* 🛯	1	
	Date Reported	* 📖				
	Hazard Identified (Please supply a short description)					
	Location of Hazard					
	Reported By				1	
	Action Taken					
	PS: This form should only be used if Incident_Accident_Report form avail	you identify a Hazard. To lable in StaffShare.	o report an Incident/Accident, p	lease use the		
	Date Submission	02/09/2015				
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Incident/Accident Report Form

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	Part 1 - POLICY HOLDER DETAILS NAME OF ETB: Telephone No:	*	
	Part 2- Details of Injured Person		
	Name Centre Type of Injured Person	* * * * * * * * * * * * * *	
	Complete Option A or B or C below;	Decoderant	
	B: Student Course of A Study	Year of Study	
	Part 3 - Details of Incident/Accide	nt	
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Pregnant Worker's Risk Assessment

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	Agent	Yes/No	Risk	Control		
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	Work with display screen equipment	Select One 🔽				
	PART 2.2 - PHYSICAL AGENTS					
	Where these are regarded as agents causing foetal injury and/or likely to disrupt placental attachment.					
	Agent	Yes/No	Risk	Control		
	Shock Vibration of Movem	Select One				
	Movement	Select One				
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Work Experience Risk Assessment Form

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	Part 1 - Learner Details		E
	Centre		
	Name of contact at centre	* Telephone No *	
	Department hosting work	*	
	Where exactly will learner	•	
	What tasks will learner be aiven?		
	Start Date *	Finish Date * 📺 Work Hours Per *	
	Part 2 - Assessment Det	tails	
	List significant hazards here	Controls and precaution against the hazards Is this Control in place?	
	Construction Site Placements Only	Have learners completed the Safe Pass programme as per construction regulation requirements?	
	Work Placement Risk Assessment Policies & Procedures	Learners must have access to the employer's/work-experience facilitator's safety statement, and in particular any risk assessment that raiters to the job/area the learners are working in.	
	Learner unfamiliar with buildings and emergency procedures	On first day, supervisor briefs learner on health and safety and energency arrangements induction includes tour of building and introduction to Department H&S	
8 FORM TEMPLATE'S LOCATION: HTTPS://LIMERICKANDCLA	EETB.SHAREPOINT.COM	L Coordinator	

Capital & Procurement Department. Click on Capital & Procurement Department Site.

In this site you will find information about Capital & Procurements role within the LCETB.

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Home	Welcome to LCETB Capital & Procurement DepartmentText to		
Calendar	follow		
Site Contents	Newsfeed		
Recycle Bin	Start a conversation		
- EDIT LINKS			
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Finance Department. Click on Finance Department Site.

In this site you will find information about Finance role within the LCETB.

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If you have difficulties logging into or using Staffconnect please contact the IT department at <u>it@lcetb.ie</u> or log a ticket on the Formula Networks Helpdesk <u>http://helpdesk.formulanetworks.ie/</u>