

# SAMPLE

(For the reference of schools which have not yet established an IMC)

Date:

To: Senior School Development Officer, Regional Education Office

Duplicate : Senior Accounting Officer (Funds), Finance Division

Triplicate : The school \*head/teacher taking leave

\* Delete whichever is inappropriate

“✓” as appropriate

Dear Sir/Madam,

## No Pay Leave for School Head/Teachers

Name of School:

Name of \*Head/Teacher: \_\_\_\_\_

I refer to the application for no-pay leave by \*Mr/Ms \_\_\_\_\_,  
(rank) \_\_\_\_\_ of my school dated \_\_\_\_\_.

I wish to inform you that \*Mr/Ms \_\_\_\_\_ \*has applied for/has been  
granted no-pay leave of \_\_\_\_\_ day(s) from \_\_\_\_\_ to \_\_\_\_\_ inclusive on ground of:

- a.  \*sick/maternity/special tuberculosis leave.
- b.  study leave for attending education-related course(s). (Please specify)

The course name: \_\_\_\_\_

The organizing institution: \_\_\_\_\_

- c.  leave due to poor health condition with medical documentary proof.
- d.  leave for alleviating the redundancy problem of \*my school/another school under  
the same sponsor. <sup>Note 1</sup>

(please specify the name of the other school: \_\_\_\_\_)

- e.  other leave for reasons of personal affairs.

(please specify the reason: \_\_\_\_\_)

In view of the fact that \*Mr/Ms \_\_\_\_\_ \*has applied for/has been  
granted \_\_\_\_\_ day(s) of no-pay leave, his/her incremental date \*will be adjusted upon  
approval/is adjusted to the first of \_\_\_\_\_.

<sup>Note 1</sup> Prior confirmation from school's respective School Development Officer is required.

I have checked the relevant documentary proof provided by \*Mr/Ms \_\_\_\_\_ and confirm valid. The documentary proof [applicable to types of leave stated in (b) to (e) only] is attached with this form for your further processing of this application.

I should be grateful if you would \*give approval to the above leave application and keeping open the provident fund account/give approval to keeping open the provident fund account of \*Mr/Ms \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ inclusive as a result of his/her taking no-pay leave during the above-mentioned period. His/her leave will not be counted as continuous contributory service for provident fund purposes.

I understand that schools should take own responsibility to fulfill all statutory requirements, including meeting any possible expenditure arising from the no-pay leave of the teaching staff concerned, such as the expenses arising from statutory holidays <sup>Note 2</sup>.

Yours sincerely,

( \_\_\_\_\_ )

School Supervisor

(Revised in April 2013)

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<sup>Note 2</sup> For meeting statutory requirements arising from no-pay leave of (a) to (d), aided schools are reminded to refer to the EDB Circular Memorandum on “Operating Expenses Block Grant (OEBG), Expanded Operating Expenses Block Grant (EOEBG) and Composite Furniture and Equipment Grant for Aided Schools” of the school year and the User Guide of OEBG uploaded on EDB Homepage.

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Date:

To: Senior School Development Officer, Regional Education Office

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“✓” as appropriate

Dear Sir/Madam,

## No-pay Leave for School Head/Teachers

Name of School:

Name of \*Head/Teacher: \_\_\_\_\_

I refer to the application for no-pay leave by \*Mr/Ms \_\_\_\_\_,  
(rank) \_\_\_\_\_ of my school dated \_\_\_\_\_.

I wish to inform you that approval has been given to \*Mr/Ms \_\_\_\_\_  
to take no-pay leave of \_\_\_\_\_ day(s) from \_\_\_\_\_ to \_\_\_\_\_ inclusive on ground of:

(a)  \*sick/maternity/special tuberculosis leave.

(b)  study leave for attending education-related course(s). (please specify)

The course name: \_\_\_\_\_

The organizing institution: \_\_\_\_\_

(c)  leave due to poor health condition with medical documentary proof.

(d)  leave for alleviating the redundancy problem of \*my school/another school under  
the same sponsor. <sup>Note 1</sup>

(please specify the name of the other school: \_\_\_\_\_)

(e)  other leave for reasons of personal affairs.

(please specify the reason: \_\_\_\_\_)

In view of the fact that \*Mr/Ms \_\_\_\_\_ has been granted \_\_\_\_\_ day(s) of  
no-pay leave, his/her incremental date will be adjusted to the first of \_\_\_\_\_.

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<sup>Note 1</sup> Prior confirmation from school's respective School Development Officer is required.

I have checked the relevant documentary proof provided by \*Mr/Ms \_\_\_\_\_ and confirm valid. I understand that EDB may request my school to provide the documentary proof in respect of the above no-pay leave.

I should be grateful if you would give approval to \*Mr./Ms \_\_\_\_\_ for keeping open his/her provident fund account from \_\_\_\_\_ to \_\_\_\_\_ inclusive as a result of his/her taking no-pay leave during the above-mentioned period. His/her leave will not be counted as continuous contributory service for provident fund purposes.

I also understand that schools should take own responsibility to fulfill all statutory requirements, including meeting any possible expenditure arising from the no-pay leave of the teaching staff concerned, such as the expenses arising from statutory holidays <sup>Note 2</sup>.

Yours sincerely,

( \_\_\_\_\_ )  
School Supervisor

(Revised in April 2013)

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