Appendix 3

**Salary Payment Receipt of**

**Substitute Staff for Staff Taking Paid Maternity Leave**

As 　　　　　　 (Name) of our school had taken paid maternity leave from (dd/mm/yyyy) to (dd/mm/yyyy), during which the following substitute staff was employed to carry out her daily duties. The total salary at the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was paid to the substitute staff concerned and the employer’s contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was made to the Mandatory Provident Fund (MPF) approved trustee account (if applicable).

|  |
| --- |
| Name of Substitute Staff: |
| Employment Period: From to |
| Daily/Monthly Salary\*:$ |
| Actual no. of Working Days / Months:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month(s) / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Days(s) |
| Total Amount of Salary:$ |
| Total Amount of Employer’s Contribution to the MPF Approved Trustee Account (if applicable):$ |
| I acknowledge receipt of the abovementioned amount:    Name of Substitute Staff Signature Date |

School Chop

|  |  |  |
| --- | --- | --- |
|  | Signature of Supervisor/Principal\*: |  |
| Name of Kindergarten: |  |
| Date: |  |

\* Please delete where inappropriate.