

- Original & Duplicate** - Funds Section, Education Bureau
 - Central Salary Verification Team, Education Bureau (c/o Funds Section)
Triuplicate - Respective Regional Education Office [Attn : SSDO()] Education Bureau
Quadruplicate - School's Record
- * Delete whichever is inappropriate
☐ "✓" as appropriate

APPOINTMENT OF NON-TEACHING STAFF IN AIDED PRIMARY SCHOOLS (PAID OUT OF SALARIES GRANT)

School Name School Code *.am
*.pm
*.Whole Day

[School's contact person and tel. no. (for enquiry by EDB in processing this form): _____]

Section I (To be completed by the appointee. Please read the attached Personal Information Collection Statement carefully before completing this Section.)

A. Personal Particulars

Name *Mr/Miss/Mrs/Ms (in English) (in Chinese)

HK Identity Card No. () Date of Birth (dd/mm/yyyy)

Valid *Permitted Teacher Reference/Teacher Registration No. (if any)

Address _____ Tel. No. _____

B. Appointment Particulars (Use a separate sheet if necessary. For non-local academic qualifications and/or professional training, please provide the assessment results and/or other relevant details.)

Academic Qualifications

School/College/University/Institute	Certificate/Diploma/Degree obtained	Date of Award (dd/mm/yyyy)	Major & Minor Subject(s)

Professional Training

School/College/University/Institute	Certificate/Diploma/Degree obtained	Date of Award (dd/mm/yyyy)	Course/Subject

Working Experience

School/Institute	Type ^{#1}	Post	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Full- or Part-time ^{#2}	Source of Funding ^{#3}

#1: Please specify, e.g. Aided, Govt, Private, Caput, BPS, DSS.....

#2: If part-time, please state the fraction.

#3: Please specify, e.g. Salaries Grant (SG), Quality Education Fund (QEF), Operating Expenses Block Grant (OEBG), Capacity Enhancement Grant (CEG), private

For employment(s) with subvented organization(s) only:

(For claiming the earliest eligible date of joining provident fund / MPF scheme if it is earlier than the effective date of this appointment)

- There is break in my provident fund / MPF contributory service *Yes / No (If yes, please specify the period _____)
- I have encashed provident fund / MPF benefit *Yes / No (If yes, please specify the date _____)
- I have received long service payment / severance payment *Yes / No (If yes, please specify the date _____)

No-pay Leave Taken (If any)

School/Institute	From (dd/mm/yyyy)	To (dd/mm/yyyy)

Reference Information (If the appointee's last service was with an aided, government, caput or BPS school)

Last Salary \$ *MPS/TPS/MOD I Pt. Incremental Date (dd/mm)

I confirm that the particulars above are correct and complete.

Date _____

Signature of Appointee _____

Name of Staff: _____

Section II (To be completed by the school. Please read the attached Personal Information Collection Statement carefully before completing this Section and ensure that the content of this Section is made known to the appointee.)

C. Information on Medical and Health Examinations

- ☐ X-Ray ☐ Medical Certificate ☐ Not applicable

D. Information on Teacher Registration

- ☐ The school has applied to the EDB for the release of the teacher registration information of the appointee.
- ☐ The school has not applied to the EDB for the release of the teacher registration information of the appointee.
- Reasons: (please specify) _____.
- ☐ Not applicable.

E. Source of Vacant Post

The vacant post arises as a result of

- ☐ The *retirement / resignation / termination of contract of *Mr/Miss/Mrs/Ms _____ (SRN: _____) with effect from _____ [dd/mm/yyyy] (appointment fraction: _____%).
- ☐ The *no-pay / paid _____ leave of *Mr/Miss/Mrs/Ms _____ (SRN: _____) for the period from _____ to _____ [dd/mm/yyyy].
- ☐ An increase of post(s) in the staff establishment approved by EDB with effect from _____ [dd/mm/yyyy] (appointment fraction: _____%).
- ☐ Others (please specify) _____ (appointment fraction: _____%).

The Staff Establishment and Strength Table at the **Annex** indicates that a vacancy is / vacancies are available for the above appointment.

F. Approval Particulars

***(i)** The *School Management Committee / Incorporated Management Committee has approved the filling of the above post on _____ (File Ref. No. and Date: _____). Under normal circumstances, there should be no retrospective effect for the date of appointment ; or

***(ii)** The *School Management Committee / Incorporated Management Committee has approved the filling of the above post by the appointee as **Promotion Rank Specialist Staff / Non-teaching Staff*. This school has sought **prior approval** from the respective Regional Education Office as shown below -

Approval from EDB (File Ref. No. and Date)

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G. Employment Terms

- (i)** ☐ Regular non-teaching staff ☐ Regular non-teaching staff with Defined Contract Period
- ☐ Temporary non-teaching staff (monthly-paid temporary replacement)
- (ii)** ☐ Full time ☐ Part-time _____ (Fraction)

H. Provident Fund Particulars

- ☐ Required to contribute to the school's provident fund scheme (including MPF scheme) and eligible for higher rates of employer's contribution in due course. (This option is not available for temporary staff)

To select the above option, the first box below must be checked -

- ☐ The employee noted that he / she should contribute 5% of his / her monthly salary as employee's contribution to the provident fund / MPF scheme (not subject to the minimum and maximum relevant income levels or any contribution holiday). In the event that the employee is contributing to the MPF and his / her contribution may exceed the employee's mandatory contribution to the MPF scheme, the employee should be informed and agreed in writing that he / she will contribute the exceed amount of MPF contribution as voluntary contribution.

- ☐ The following must be completed if the staff claims his / her earliest eligible date of joining provident fund scheme / MPF scheme is earlier than the effective date of appointment / contract in Item I under Section II.

- (i)** The earliest eligible date of joining provident fund scheme / MPF scheme of subvented organization. (From this date onwards, there must be no break in provident fund / MPF contributory service, no encashment of provident fund / MPF benefit, no long service payment / severance payment received by the staff.)

dd	mm	yyyy
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(dd/mm/yyyy)

- (ii)** No. of day(s) not counted as provident fund / MPF contributory service (e.g. No-pay Leave)

_____ day(s)

- (iii)** Date of completion of 10 years provident fund / MPF contributory service (i.e. eligible for 10% employer's contribution from the following day onwards)

dd	mm	yyyy
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(dd/mm/yyyy)

- (iv)** Date of completion of 15 years provident fund / MPF contributory service (i.e. eligible for 15% employer's contribution from the following day onwards)

dd	mm	yyyy
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(dd/mm/yyyy)

Please ensure the documentary proofs of contributory service e.g. Transfer Benefit Statement, Summary of Contribution History, etc. issued by MPF trustees/previous employer have been checked in order.

- ☐ Required to contribute to the school's MPF Scheme with the employer's mandatory contribution at 5% of relevant income or prevailing maximum mandatory contribution amount, whichever is the less.
- ☐ Exempt from making contribution to a registered MPF scheme under the MPF Schemes Ordinance.

Name of Staff: _____

I. Salary Particulars

Rank / Post

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Monthly Salary

\$									
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*MPS/TPS/MOD I Pt.

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Effective Date of
Appointment/Contract

(dd/mm/yyyy)									

End Date of Appointment/
Contract (if applicable)

(dd/mm/yyyy)									

Incremental Date

0	1				
(dd/mm)					

Next Increment

0	1				
(dd/mm/yyyy)					

Max. Salary
(*MPS/TPS/MOD I Pt.)

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I have checked the completeness of Section I and Section II and verified them in accordance with the requirements of the relevant Code of Aid. **I confirm that the salary assessment in respect of the above staff is correct.** I understand that EDB will not process this form if it contains incomplete information.

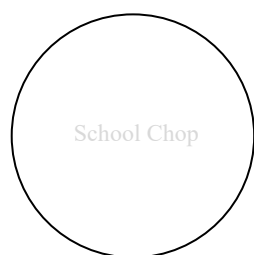
Name of *Supervisor/
School Head

Signature of *Supervisor/
School Head

Date

Section III

I confirm the appointment of the non-teaching staff mentioned in Section I of this form. My school has followed the EDB guidelines for staff recruitment, including the adoption of an open, fair, transparent and competitive appointment system and the measures stipulated in EDB Circular No. 14/2023 where applicable. In addition, the appointment has been made in accordance with the provisions in the Education Ordinance, the Education Regulations, the Code of Aid and standing circulars and has been approved by the majority of the managers of the school. I further confirm that the particulars in Sections I and II of this form are correct. I undertake that the appointment will not result in having employment in excess of our approved entitlement of non-teaching staff at any time and my school will promptly terminate the appointment of a temporary non-teaching staff upon resumption of duty of the regular non-teaching staff. I also undertake that my school shall refund any over-payment of Salaries Grant to the EDB.



School Chop

Signature of School Supervisor

Name of School Supervisor

Date

Note 1: When making the declaration under Section III in connection with any non-teaching staff appointment, supervisors are alerted that according to Section 82 of the Education Ordinance, if a school is found not being managed satisfactorily, the Permanent Secretary for Education may serve a notice to the supervisor/Incorporated Management Committee and every manager of the school concerned. Any person who being the supervisor or a manager of a school without Incorporated Management Committee fails to comply with the directions therein shall be guilty of an offence and shall be liable on conviction to a fine of \$250,000 and to imprisonment for two years.

Note 2: According to Section 23 of the Employment Ordinance, wages shall become due on the expiry day of the wage period, and an employer should pay wages to an employee as soon as practicable but in any case not later than 7 days after the end of the wage period. In this connection, schools are advised to forward the completed appointment forms to the Education Bureau not later than 7 days after the effective date of appointment. If the Salaries Grant cannot be paid to the school's account in time, school should pay the non-teaching staff's salary for that month from other available fund first.

Note 3: EDB will perform pre-processing entitlement checking on each appointment. If the appointment of staff would exceed the approved entitlement of non-teaching staff of the school on the relevant appointment date, no Salaries Grant with respect to that appointment will be paid to the school until the appointment is confirmed in order.

For Education Bureau use only

Funds Section					Central Salary Verification Team	
Received on	SRN				To : Funds Section [Attn.: SAO[F]]	
	Action	Initial	Date		With reference to the above appointment, the salary particulars in Para. I are checked and *found in order / amendments are marked for your action.	
	Pre-Input Jobs Completed					
	EDBSGS Input Prepared				Confirmed by : _____	
	EDBSGS Input Checked				Date : _____ Name & Post : _____	

Personal Information Collection Statement

Purpose of Collection

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:
 - (a) Activities relating to the processing, authentication and counter-checking of notification of employment-related matters, payment of Salaries Grant and other government funding, and calculating of provident fund contribution and donation;
 - (b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of the notification mentioned in (a) above;
 - (c) Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of the EDB;
 - (d) Activities relating to training and development including invitation of participation in programmes/activities, applications for reimbursement of course fees, assessment of nominations, awards and scholarship, and monitoring of attainment progress;
 - (e) Activities relating to the processing and vetting of applications for, and disbursement of, funding / grants / subsidies, and conducting of audits;
 - (f) Activities relating to compilation of statistics, research and Government publications; and
 - (g) Activities relating to the administration and enforcement of rules and regulations including the Education Ordinance (Cap. 279), its subsidiary legislation (such as the Education Regulations and the Grant/Subsidized Schools Provident Fund Rules) and the Codes of Aid.
2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the form.

Classes of Transferees

3. The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-
 - (a) other Government bureau and departments for the purposes mentioned in paragraph 1 above;
 - (b) the school in which the form relates for the purposes mentioned in paragraph 1 above;
 - (c) where you have given your prescribed consent to such disclosure; and
 - (d) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

Access to Personal Data

4. You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data should be made in writing to the respective Senior School Development Officer by post to the Regional Education Office at the address on the EDB website (<https://www.edb.gov.hk/en/contact-us/reo.html>) or email to edbinfo@edb.gov.hk.

School

Staff Establishment and Strength Table ¹
(_____ School Year)

Approval from EDB on Establishment (File Ref. No. and Date): _____ and
 approval letter(s) for other posts, if any (File Ref. No. and Date): _____

	ACO	CA	School Executive Officer	Educational Psychologist I/II	Assistant Social Work Officer	School-based Speech Therapist	Grand Total Sum of [a] to [f]
	[a]	[b]	[c]	[d]	[e]	[f]	
(i) Non-Teaching Staff Establishment ²							
(ii) Strength as at ____ / ____ / ____ (before this appointment) ³							
(iii) Vacancies before this appointment [(i) – (ii)]							
(iv) Total no. of non-teaching staff appointed at this time [in this batch]							
(v) Vacancies after this appointment [(iii)-(iv)]							

Remarks:

1. Schools are required to complete the staff establishment and strength table for every new appointment. For appointment of 2 or more non-teaching staff on the same effective date, please fill in all the information in the same table and send in the relevant appointment forms in one batch.
2. “Non-Teaching Staff Establishment” includes all regular posts approved in the non-teaching staff establishment and paid out of Salaries Grant.
3. “Strength (before this appointment)” includes all posts filled in the staff establishment but excludes the non-teaching staff appointed at this time [in this batch]. Please indicate the effective date of the new appointment(s) and the strength as at that date.