

- 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 SECONDARY SCHOOLS (PAID OUT OF SALARIES GRANT)

School Name School Code

[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)
 (as printed on HK Identity Card)
 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 / 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: _____) on _____ [dd/mm/yyyy].
- 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].
- Others (please specify) _____.

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)

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)

(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)

(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)

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.

Personal Information Collection Statement

The personal data provided in this form will be used by the Education Bureau for one or more of the following purpose(s):

- (a) processing employment-related matters;
- (b) processing Salaries Grant payment and calculation of provident fund contribution and donation;
- (c) auditing;
- (d) conducting research and compiling statistics to facilitate planning of education services;
- (e) processing matters relating to the development of the education profession;
- (f) administering and enforcing the Education Ordinance and Regulations and the Grant/Subsidized Schools Provident Fund Rules (Cap. 279).

The provision of personal data by means of this form is obligatory. Failure to provide these data may affect the processing and outcome of your application.

The personal data collected in this form may be disclosed to other government bureaux/departments/agencies authorized to process such information for the purposes mentioned above.

You have a right to request access to and correction of your personal data as provided in Sections 18 and 22 and Data Protection Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in this form. This is however subject to payment of a fee.

Enquiries concerning the personal data collected by means of this form, including making of access and corrections, should be made in writing to the respective Senior School Development Officer.

_____ School/College

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): _____

	LT I	LT II/III	School Executive Officer	Educational Psychologist I/II	School-based Speech Therapist	Grand Total
	[a]	[b]	[c]	[d]	[e]	Sum of [a] to [e]
(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:

- 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.
- “Non-Teaching Staff Establishment” includes all regular posts approved in the non-teaching staff establishment and paid out of Salaries Grant.
- “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.
- For secondary schools with a boarding section, please use the Annex attached to “Appointment Form of Non-teaching Staff for Aided Special Schools” to indicate their establishment and strength situation.