

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

APPOINTMENT OF NON-TEACHING STAFF IN AIDED SPECIAL 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)
 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 1 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. Source of Vacant Post

The vacant post arises as a result of

- The *retirement/ resignation/ termination of contract of *Mr/Miss/Mrs/Ms _____ (HKIC No.: _____ and SRN: _____) on _____ [dd/mm/yyyy].
- The *no-pay/ paid _____ leave of *Mr/Miss/Mrs/Ms _____ (HKIC No.: _____ and 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) _____.

(Applicable to appointment of Assistant Warden only) The filling of the above post is included in the establishment of

- Houseparent Programme Worker

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

E. Approval Particulars

*(i) The *School Management Committee / Incorporated Management Committee has approved the filling of the above post on _____ (File Ref. No. and Date: _____); 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 Regional Education Office as shown below -

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

F. Employment Terms

- (i) School Section Boarding Section
- (ii) Regular non-teaching staff Regular non-teaching staff with Defined Contract Period
- Temporary non-teaching staff (monthly-paid temporary replacement)
- (iii) Full-time Part-time _____ (Fraction)

G. 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)

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 H 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.

Name of Staff: _____

H. Salary Particulars

Rank / Post Monthly Salary \$ *MPS/TPS/MOD I Pt.

Effective Date of Appointment/Contract (dd/mm/yyyy) End Date of Appointment/Contract (If applicable) (dd/mm/yyyy)

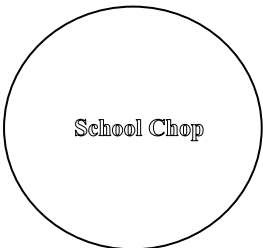
Incremental Date (dd/mm) Next Increment (dd/mm/yyyy) Max. Salary (*MPS/TPS/MOD I Pt.)

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. 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.



Signature of School Supervisor _____
 Name of School Supervisor _____
 Date _____

- Note1:** 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.
- Note2:** 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.
- Note3:** 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] With reference to the above appointment, the salary particulars in Para. H are checked and * <i>found in order / amendments are marked for your action.</i> Confirmed by : _____ Date : _____ Name & Post : _____ |
| | Action | | | | | Initial | | | Date | |
| | Pre-Input Jobs Completed | | | | | | | | | |
| | EDBSGS Input Prepared | | | | | | | | | |
| | EDBSGS Input Checked | | | | | | | | | |

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 enforcement of 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 respective Senior School Development Officer.

_____ School

Staff Establishment and Strength Table

(_____ 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): _____

School Section

| Post | Rank | Non-teaching Staff Establishment | Strength (as at __/__/____) | No. of posts frozen (the frozen period) | Vacancies before appointment | Non-teaching staff appointed at this time / in this batch | Vacancies after appointment |
|---------------------------------|------------|----------------------------------|-----------------------------|---|------------------------------|---|-----------------------------|
| | | (i) | (ii) | (iii) | (i) – (ii) – (iii) | | |
| Laboratory Technician | LT III [1] | | | | | | |
| | LT II [2] | | | | | | |
| | LT I [3] | | | | | | |
| School Social Workers | ASWO [4] | | | | | | |
| | SSWA [5] | | | | | | |
| Speech Therapists | ST [6] | | | | | | |
| Educational Psychologists | EPII [7] | | | | | | |
| | EPI [8] | | | | | | |
| School Nurses | RN [9] | | | | | | |
| Occupational Therapists | OTII [10] | | | | | | |
| | OTI [11] | | | | | | |
| | SOT [12] | | | | | | |
| Occupational Therapy Assistants | OTA [13] | | | | | | |

| Post | Rank | Non-teaching Staff Establishment | Strength (as at __/__/____) | No. of posts frozen (the frozen period) | Vacancies before appointment | Non-teaching staff appointed at this time / in this batch | Vacancies after appointment |
|-----------------------------------|---------------------|----------------------------------|-----------------------------|---|------------------------------|---|-----------------------------|
| | | (i) | (ii) | (iii) | (i) – (ii) – (iii) | | |
| Physiotherapists | PTII [14] | | | | | | |
| | PTI [15] | | | | | | |
| | SPT [16] | | | | | | |
| Braillist | Braillist [17] | | | | | | |
| Teacher Assistants | TA [18] | | | | | | |
| Workshop Attendants | WA [19] | | | | | | |
| Motor Driver | Motor Driver [20] | | | | | | |
| | Special Driver [21] | | | | | | |
| Artisan | Artisan [22] | | | | | | |
| Clerical Staff | CA [23] | | | | | | |
| | ACO [24] | | | | | | |
| Others (Please specify) | [25] | | | | | | |
| Grand Total sum of [1] to [25] | | | | | | | |

Boarding Section (if applicable)

| Post | Rank | Non-teaching Staff Establishment | Strength (as at __/__/____) | No. of posts frozen (the frozen period) | Vacancies before appointment | Non-teaching staff appointed at this time / in this batch | Vacancies after appointment |
|---------|----------|----------------------------------|-----------------------------|---|------------------------------|---|-----------------------------|
| | | (i) | (ii) | (iii) | (i) – (ii) – (iii) | | |
| Wardens | ASWO [1] | | | | | | |
| | SSWA [2] | | | | | | |
| | CSWA [3] | | | | | | |

| Post | Rank | Non-teaching Staff Establishment | Strength (as at __/__/____) | No. of posts frozen (the frozen period) | Vacancies before appointment | Non-teaching staff appointed at this time / in this batch | Vacancies after appointment |
|--|---------------|----------------------------------|-----------------------------|---|------------------------------|---|-----------------------------|
| | | (i) | (ii) | (iii) | (i) – (ii) – (iii) | | |
| Assistant Wardens Houseparents-in-charge Houseparents Programme Workers | SWA [4] | | | | | | |
| | SSWA [5] | | | | | | |
| Nurses | RN [6] | | | | | | |
| | EN [7] | | | | | | |
| Clerical Staff | CA [8] | | | | | | |
| Cook | Cook [9] | | | | | | |
| Watchmen | Watchman [10] | | | | | | |
| Others (Please specify) | [11] | | | | | | |
| Grand Total sum of [1] to [11] | | | | | | | |

Remarks:

- Schools are required to complete the staff establishment and strength table at the time of 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” 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).
- “No. of posts frozen” includes temporarily frozen posts for claiming “Substitute Teacher Grant” (for Laboratory Technicians in non-IMC schools), “Cash Grant for Speech Therapist”, “Substitute Nurse Grant”, “Cash Grant for Occupational Therapist”, “Cash Grant for Physiotherapist” and “Cash Grant for Houseparent”, if any. Please also provide “the frozen period” in “dd/mm/yyyy” format, e.g. “01/09/2014-31/08/2015”.
- “Vacancies before appointment” = “Non-teaching Staff Establishment” – “Strength” – “No. of posts frozen”.
- Schools are also required to report all other posts paid out of Salaries Grant under the column of “Others”, if any.