

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

APPOINTMENT OF 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)
 Valid *Permitted Teacher Reference/Teacher Registration No.
 Address _____ Tel. No. _____

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

Academic Qualifications

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

Teaching Experience

School/Institute	Type ^{#1}	Rank	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.....

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 Pt. Incremental Date
 (dd/mm)

I confirm that the particulars above are correct and complete, and I have not participated in the Early Retirement Scheme for aided school teachers/ teaching grades staff in Education Bureau (EDB).

Date _____

Signature of Appointee _____

Name of Teacher: _____

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 teacher.)

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) _____.

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 *deployment / secondment of *Mr/Miss/Mrs/Ms _____ (SRN: _____) for the period from _____ to _____ [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.
- 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: _____) #4; or

*(ii) The *School Management Committee / Incorporated Management Committee has approved the filling of the above post by the appointee as *School Head/Promotion Rank Teacher / Temporary NET / R-10 Teacher / Unqualified Teacher / Teacher Above the Age of Sixty Employed on Regular Full-time Basis. 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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#4: All the necessary procedures for any form of appointment of a teacher should be completed before the effective date, including the approval by the School Management Committee/Incorporated Management Committee. Under normal circumstances, there should be no retrospective effect for the date of appointment, save for the situation that daily-rated supply teachers are converted to monthly-paid temporary teachers.

G. Employment Terms

- (i) Primary Section Secondary Section
- (ii) Regular Teacher (School Head *Yes/No) Regular Teacher with Defined Contract Period (#5 Please specify reason(s) for this form of employment of regular teacher: _____)
- Temporary Teacher (monthly-paid) Temporary Teacher (change from daily-paid to monthly-paid) [Please refund the amount paid for the daily-paid Supply Teacher to the Recurrent Subventions Section of EDB simultaneously.]
- (iii) Full-time Part-time Subject(s) and classes to teach : _____
- (iv) Native-speaking English Teacher (NET)

#5: The employment of regular teachers with Defined Contract Period must be based on the genuine development need of the school with cogent reasons and endorsement by the School Management Committee / Incorporated Management Committee. Schools will be requested to provide further justifications when necessary.

H. (i) Subsidized/Grant Schools Provident Fund Particulars

- Required to contribute to the Subsidized / Grant Schools Provident Fund.
- In accordance with Rule 7 of the Subsidized / Grant Schools Provident Fund Rules, the employee opts to contribute to the Provident Fund. [Please remind the teaching staff to submit an Option Form to the respective Regional Education Office.]

(ii) Mandatory Provident Fund (MPF) Particulars

- Required to contribute to the school's MPF Scheme with the employer's 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 Teacher: _____

I. Salary Particulars

Rank		MPS Pt.		Monthly Salary \$		Fraction		%									
				(for Part-time/ Fractional Teacher)													
Effective Date of Appointment/Contract	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>							End Date of Appointment/Contract (if applicable)	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>								
				(dd/mm/yyyy)													
Salary Bar (MPS Pt.)		Incremental Date	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td style="width: 25%; height: 20px; text-align: center;">0</td><td style="width: 25%; height: 20px; text-align: center;">I</td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>	0	I			Next Increment	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td style="width: 25%; height: 20px; text-align: center;">0</td><td style="width: 25%; height: 20px; text-align: center;">I</td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>	0	I			Max. Salary (MPS Pt.)			
0	I																
0	I																
				(dd/mm)													
				(dd/mm/yyyy)													

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 _____
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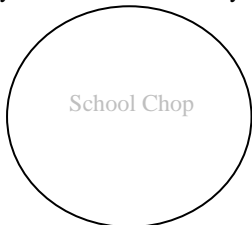
*[Note: For the appointment of school head, the signatory of Section II should be the supervisor.
For the appointment of other teaching staff, the signatory of Section II should be the school head.]*

Section III

I confirm the appointment of the 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. 3/2020. 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. If the teacher is employed as a regular teacher with Defined Contract Period, I also confirm that it is based on the reason(s) stated in Part G of Section II of this form, and has been endorsed by the School Management Committee / Incorporated Management Committee of the school.

I undertake that the appointment will not result in having employment in excess of our approved entitlement of teaching staff at any time and my school will promptly terminate the appointment of a temporary teacher upon resumption of duty of the regular teacher. 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 _____

Note 1: When making the declaration under Section III in connection with any teacher 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 EDB 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 teacher'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 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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>					()	To : Funds Section [Attn.: SAO(F)] With reference to the above appointment, the salary particulars in Para. I are checked and *found in order / amendments are marked for your action. 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 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

Staff Establishment and Strength Table¹
(_____ 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): _____

Secondary Section

	Head (Rank)	Deputy Head (PGM)	SGM ⁵	GM ⁵	PAM	SAM	AM	CM	NET (Rank)	Grand Total	Others ⁶ (Please specify the number and rank of teachers)
	[a]	[b]	[c]	[d]	[e]	[f]	[g]	[h]	[i]	Sum of [a] to [i]	
(i) Teaching Staff Establishment ²											
(ii) Strength as at ___/___/___ (before this appointment) ³											
(iii) No. of posts frozen/encashed ⁴ (the frozen/encashed period)		()	()	()							
(iv) Vacancies before this appointment [(i)-(ii)-(iii)]											
(v) Total no. of teacher(s) appointed at this time [in this batch]											
(vi) Vacancies after this appointment [(iv)-(v)]											

Primary Section

	Head (Rank) (if appropriate)	Deputy Head (SPSM)	PSM ⁵	APSM ⁵	AM	CM	PSM(CD)/ APSM(CD)	NET (Rank)	Grand Total	Others ⁶ (Please specify the number and rank of teachers)
	[a]	[b]	[c]	[d]	[e]	[f]	[g]	[h]	Sum of [a] to [h]	
(i) Teaching Staff Establishment ²										
(ii) Strength as at ___/___/___(before this appointment) ³										
(iii) No. of posts frozen/encashed ⁴ (the frozen/encashed period)		()	()	()						
(iv) Vacancies before this appointment [(i)-(ii)-(iii)]										
(v) Total no. of teacher(s) appointed at this time [in this batch]										
(vi) Vacancies after this appointment [(iv)-(v)]										

Notes:

- Schools are required to complete the staff establishment and strength table for every new appointment. For appointment of 2 or more teachers 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. Schools may refer to the worked example on the homepage of Education Bureau (EDB) when completing the table.
- "Teaching Staff Establishment" includes all regular teaching posts approved in the teaching staff establishment and paid out of Salaries Grant. The "Fractional GM/APSM Post" should be included in the GM/APSM establishment.
- "Strength (before this appointment)" includes all posts filled in the staff establishment but excludes the teachers appointed at this time [in this batch] and teachers under the column "Others". Please indicate the effective date of the new appointment(s) and the strength as at that date.
- "No. of posts frozen/encashed" includes temporarily and/or permanently frozen posts for claiming Teacher Relief Grant/Substitute Teacher Grant/encashment of Fractional GM/APSM Post for claiming Fractional Post Cash Grant/Others (if any). Please also provide "the frozen/encashed period" in "dd/mm/yyyy" format, e.g. "01/09/2019 – 31/08/2020", or enter "permanent" if the post is permanently frozen.
- Additional teaching posts in column [i] are not included in the number of SGM and GM posts in columns [c] and [d] of secondary section; while additional teaching posts in columns [g] and [h] are not included in the number of PSM and APSM posts in columns [c] and [d] of primary section.
- Schools are required to report all other additional posts not under the approved establishment but paid out of Salaries Grant under the column "Others", if any. For example, teaching posts provided to the Hospital Schools for the Home-bound Teaching Programme, etc.