

To: Funds Section, Education Bureau

Claim Form for Reimbursement of Paternity Leave Pay for Teaching / Non-Teaching Staff Paid out of Salaries Grant

[Applicable to Staff Already Ceased Employment ONLY]

Name of School: _____ School Code: _____ Month: _____ Year: _____

A. Basic Information

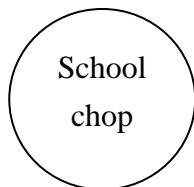
| Teaching / Non-Teaching Staff | | | | Paternity Leave Period | | | Salary | | |
|-------------------------------|---------------------|------|--|------------------------|-----------------|-------------------------------------|----------------------------|--|---|
| Name | Staff Reference No. | Post | Date of Cessation of Employment (dd/mm/yyyy) | From (dd/mm/yyyy) | To (dd/mm/yyyy) | No. of working day ¹ (a) | Monthly Salary (\$) (b) | Daily Salary(\$) (c)=(b) ÷ Number of Days of that Month | Total Amount of Reimbursement (\$) (d)=(c)x(a) |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | \$ |

1. The maximum number of days for paternity leave is 5 working days. For details of approving paternity leave, please refer to EDBC No. 16/2015.

B. Declaration

I certify that –

- (i) the school has processed the application for paternity leave of the staff concerned in accordance with the related circular. His paternity leave has been covered by *no-pay leave / annual leave due to failure of submission of documentary proof earlier. He has subsequently submitted the documentary proof and has been verified by the school.
- (ii) the emoluments have been paid to the staff concerned; relevant receipts being attached for your record.



Signature of Supervisor/School Head : _____

Name of Supervisor/School Head : _____ Claim Date : _____

Contact Person : _____ Tel No. : _____

c.c. : SSDO()

* Please delete as appropriate.