**Claim Form for Reimbursement of Daily-Rated Supply Teacher Salary**  
(For ‘i-Journey’ Paid Non-local Study Leave Scheme for Secondary School Teachers)

**PART I: To be completed by School Principal**  
(This form should be submitted to the SLPD Section on or before 13 July 2020)

Name of School: ________________________________  
School Code: ________________  
Month(s): _____________  
Year: __________

Finance Type: Aided / DSS / Caput / Special Schools *

**Reimbursement of salaries and employer’s contributions to Mandatory Provident Fund (MPF) schemes for eligible supply teachers arising from study leave of teacher(s) participating in ‘i-Journey’ Paid Non-local Study Leave Scheme for Secondary School Teachers (the Scheme)**  
(For supply teachers required to contribute to MPF, please provide supporting information of MPF if claim period is less than 60 days)

<table>
<thead>
<tr>
<th>Teacher on leave</th>
<th>Leave period</th>
<th>Programme attended</th>
<th>Name of supply Teacher(s)</th>
<th>Supply period</th>
<th>No. of working days</th>
<th>Daily rate</th>
<th>Salary amount</th>
<th>MPF subsidy</th>
<th>Contract period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>SRN^2</td>
<td>Rank (Graduate/ Non-graduate)</td>
<td>From</td>
<td>To</td>
<td>Name of supply Teacher(s)</td>
<td>From</td>
<td>To</td>
<td>(a)</td>
<td>From</td>
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</tbody>
</table>

* Please delete as appropriate.

**Note:**
1. For aided secondary and special schools, please note that granting of leave should follow EDB Circular No. 1/2006.
2. For aided secondary and special schools, please enter Staff Reference Number of teachers on leave.
3. Enter the programme code from the list below:
   A7 - Programme on Assessment Literacy (8 weeks) (Training Calendar System Course ID: PDT020190333-AA)  
   A8 - Programme on Catering for Learner Diversity (8 weeks) (Training Calendar System Course ID: PDT020190333-AB)  
   A9 - Programme on Self-directed Learning (8 weeks) (Training Calendar System Course ID: PDT020190333-AC)  
4. The number of working days should exclude Sunday, Saturday (short-week), public holidays, discretionary holidays or any days on which the teachers are not required to perform duties.
5. Please refer to relevant EDB circular memorandum on the prevailing daily rates of pay for supply teachers in aided schools.
6. For supply period less than 60 calendar days yet the supply teacher is required to contribute to MPF, please provide supporting information.
I certify that –

(i) the emoluments have been paid to the supply teacher and/or MPF scheme trustee concerned. Relevant receipts are attached for your record;
(ii) this request for payment complies with the conditions set out for *i-Journey* Paid Non-local Study Leave Scheme for Secondary School Teachers (2019/20) applications; and
(iii) no duplicate claim has been made for government subventions on account of the same leave set out above, such as the Teacher Relief Grant, the encashment of Additional Teaching Posts for English and the fractional staff entitlement for claiming Fractional Post Cash Grant.

My school will refund to the Government any over-payment of grant.

Signature of Supervisor/School Principal: ________________________________
Name of Supervisor/School Principal: ________________________________
Contact Person: ________________________________
Tel No.: ________________________________
Claim Date: ________________________________

PART II: To be completed by EDB

To: Recurrent Subventions Section [Attn.: AOI(RS)]

The leave period of the teacher(s) in the Programme(s) as stated in Part I has been verified to be correct. Please find copies of the relevant receipts signed by the supply teacher(s) and other supporting documents enclosed for processing of payment to the school.

Date: ________________________________

( ) For CPDO(SLPD)

Received on: ________________________________
Payment made on: ________________________________
User code: ________________________________