

To: School Leadership & Professional Development (SLPD) Section, Education Bureau, 5/F, East Wing, Central Government Offices, Tamar [Attn.: AA(SLPD)2]

**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)

Teacher on leave ¹			Leave period		Programme attended ³	Name of supply Teacher(s)	Supply period		No. of working days ⁴ (a)	Daily rate ⁵ \$ (b)	Salary amount \$ (a) x (b)	MPF subsidy ⁶ \$ (c)	Contract period	
Name	SRN ²	Rank (Graduate/ Non-graduate)	From	To			From	To					From	To
Total											\$			

* Please delete as appropriate.

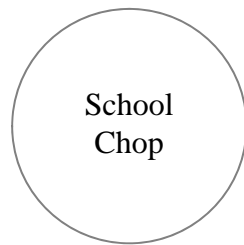
Note:

- For aided secondary and special schools, please note that granting of leave should follow EDB Circular No. 1/2006.
- For aided secondary and special schools, please enter Staff Reference Number of teachers on leave.
- Entre 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)
- 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.
- Please refer to relevant EDB circular memorandum on the prevailing daily rates of pay for supply teachers in aided schools.
- 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 : _____

c.c. SSDO()

PART II: To be completed by EDB

SLPD Section	Recurrent Subventions Section
<p>To: Recurrent Subventions Section [Attn.: AOI(RS)]</p> <p>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.</p> <p>Date: _____</p> <p style="text-align: center;">()</p> <p style="text-align: center;">For CPDO(SLPD)</p>	<p>Received on: _____</p> <p>Payment made on: _____</p> <p>User code: _____</p>