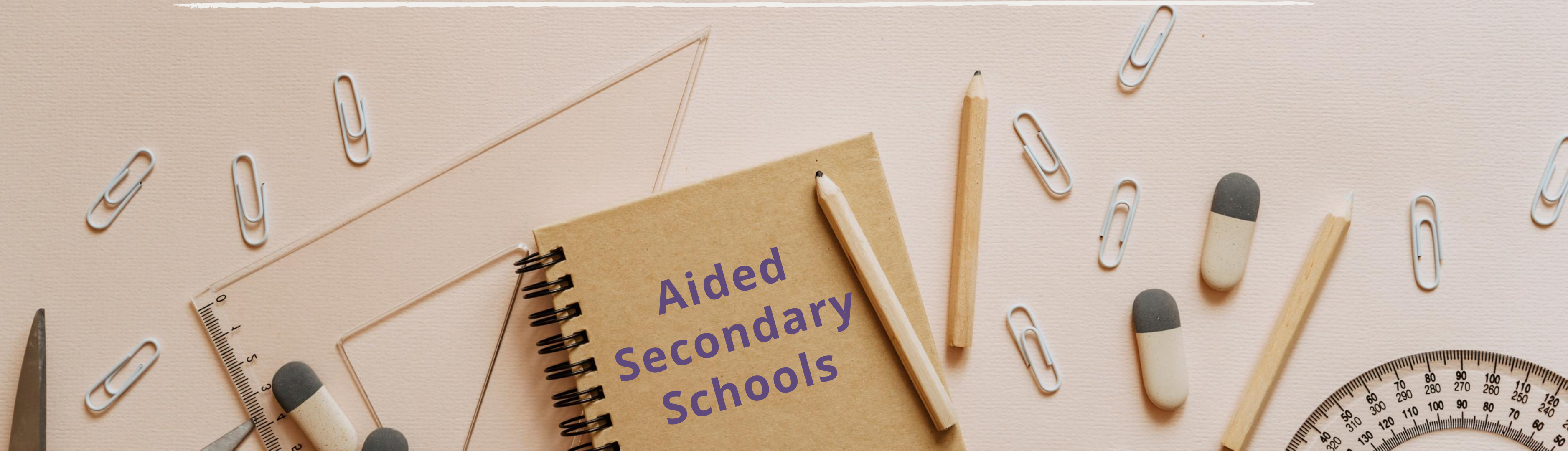

Preparation for Salary Assessment

Points to Note for Form Submission – Regrading Form



Appointment Form

Regrading Form (for teaching staff only)

電子聘任表格 e-Appointment Form

Appointment Number: AF School Processing

資助中學聘任教學人員(由薪金津貼支付薪酬)
APPOINTMENT OF TEACHING STAFF IN AIDED SECONDARY SCHOOLS(PAID OUT OF SALARIES GRANT)

學校名稱 School Name 學校代碼 School Code

校制 Session

第I部 Section I
A. 個人資料 Personal Particulars

稱謂 Title 姓名(如香港身份證所示) Name (as printed on HK Identity Card)

香港身份證號碼 HK Identity Card No. (英文) (in English) 出生日期(日/月/年) Date of Birth(dd/mm/yyyy) (中文) (in Chinese)

有效的 Valid 編號 No.

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
* Please delete as appropriate.

Regrading to Graduate Teachers in Secondary Schools

☆ Please use one form for each regrading.
☆ Please complete the Supplementary Sheet if the salary upon regrading is determined by re-assessment¹.
☆ Please read the attached Personal Information Collection Statement carefully before completing this form.
☆ Please ensure the content of this form and the supplementary sheet, if applicable, is made known to the teacher and he/she has read the attached Personal Information Collection Statement.

School Name School Code

[School's contact person and tel. no. (for enquiry by EDB in processing this form): _____]

1. The *School Management Committee/Incorporated Management Committee has approved the following regrading (Ref. No. and Date: _____) and the consequential change in salary particulars :

Name of Teacher in English & Chinese	HKIC No. & SRN	Monthly Salary (MPS Pt.) & [Rank]		Effective Date ² (dd/mm/yyyy)	Incremental Date (01/mm)	Date of Next Increment (01/mm/yyyy)	Salary Bar if applicable (MPS Pt.)	Maximum Salary (MPS Pt.)
		Before Regrading	Upon Regrading					
		[]	[]					

- For new appointment of staff (Monthly paid) paid under Salaries Grant;
- For contract renewal of staff (Monthly paid) paid under Salaries Grant
- Please click [here](#) to access to the e-Appointment System for Aided Schools

- For serving teachers in non-graduate post paid under Salaries Grant to be regraded as graduate post

Regrading Form

Regrading to Graduate Teachers in Secondary Schools

- ☆ Please use one form for each regrading.
- ☆ Please complete the Supplementary Sheet if the salary upon regrading is determined by re-assessment¹.
- ☆ Please read the attached Personal Information Collection Statement carefully before completing this form.
- ☆ Please ensure the content of this form and the supplementary sheet, if applicable is made known to the teacher and he/she has read the attached Personal Information Collection Statement.

School Name

[School's contact person and tel. no. (for enquiry by E

1. The *School Management Committee / Inc

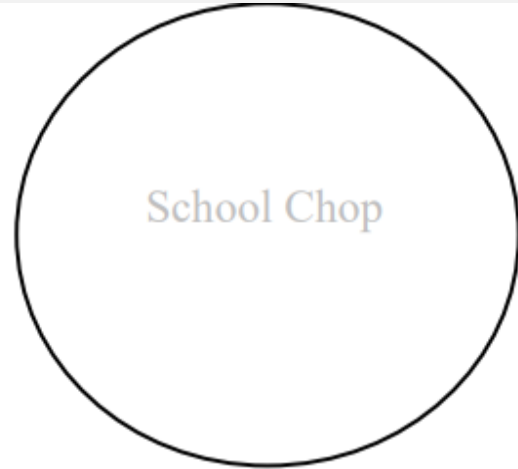
***Please complete the Supplementary Sheet for ALL regrading cases regardless of the assessment methods.**

Name of Teacher in English & Chinese	HKIC No. & SRN	Monthly Salary (MPS Pt.) & [Rank]		Effective Date ² (dd/mm/yyyy)	Incremental Date (01/mm)	Date of Next Increment (01/mm/yyyy)	Salary Bar if applicable (MPS Pt.)	Maximum Salary (MPS Pt.)
		Before Regrading	Upon Regrading					
		[]	[]					

2. The Staff Establishment and Strength Table at the Annex indicates that a vacancy is available for the above regrading.

3. I confirm that the particulars in paragraphs 1 to 2 of this form *and the supplementary sheet are correct. I undertake that the regrading will not result in having the number of graduate teacher in excess of our graduate post entitlement. I also undertake that my School shall refund any over-payment of Salaries Grant to the Education Bureau.

Regrading Form



Signature of School Supervisor : _____

Name of School Supervisor : _____

Date : _____

Note:

- ¹ By re-assessment, the salary is assessed on the basis of prevailing starting salaries plus incremental credits for experience (ICE), if applicable.
- ² All the necessary procedures for regrading should be completed before the effective date, including the approval by the SMC/IMC. Under normal circumstances, there should be no retrospective effect for the date of regrading.
- ³ EDB will perform pre-processing entitlement checking on each regrading. If the regrading of teacher would exceed the approved entitlement of teaching staff of the school on the relevant regrading date, no Salaries Grant with respect to that regrading will be paid to the school until the regrading is confirmed in order.

For Education Bureau use only				
Funds Section			Central Salary Verification Team	
Received on	Action	Initial	Date	To : Funds Section [Attn.: SAO(F)] With reference to the above regrading, the salary particulars in the above table are checked and * <i>found in order / amendments are marked for your action.</i> Confirmed by : _____ Date : _____ Name & Post : _____
	EDBSGS Input Prepared			
	EDBSGS Input Checked			

(revised in November 2019)

Regrading Form

Supplementary Sheet for Regrading to Graduate Teachers in Secondary Schools

(To be completed by the teacher if the salary upon regrading is determined by re-assessment)

Please complete the Supplementary Sheet for **ALL** regrading cases.

School Code

(i) Personal Particulars

Name *Mr/Miss/Mrs/Ms (in English) (in Chinese)
(as printed on HK Identity Card)

HK Identity Card No. () Staff Reference Number ()

(ii) 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)

Please fill in the information according to the information shown on the supporting document(s).

Professional Training

School/College/University/Institute	Certificate/Diploma/Degree obtained	Date of Award (dd/mm/yyyy)	Course/Subject

Regrading Form

Teaching Experience

School/Institute	Type ^{#1}	Rank	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Full- or Part- time ^{#2}	Source of Funding ^{#3}

Please fill in the information according to the information shown on the supporting document(s).

#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)

I confirm that the particulars above are correct and complete.

Date _____

Signature of Teacher _____

I have checked the completeness of the above information and verified it in accordance with the requirements of the relevant Code of Aid. I understand that EDB will not process this form if it contains incomplete information. **I confirm that the salary assessment in respect of the above staff is correct.**

Name of *Supervisor/
School Head _____

Signature of *Supervisor/
School Head _____

Date _____

Form Submission

