

## New Pay and Reward Structure - Recommendation on Cash Allowance

- Notes:**
1. The information provided hereunder is for the purpose of recommending cash allowance.
  2. The completed form will be filed with the staff's personal file throughout his/her entire service at the University.
  3. In compliance with the Personal Data (Privacy) Ordinance, the contents of this form may need to be disclosed to the staff concerned upon request. However, the identity of the assessor and any other person mentioned in this form will be concealed.
  4. For access to or correction of data after submission of this form, please contact Officer in charge of data access in the Human Resources Office.

**PART I: Staff Personal Particulars**

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Post Title: \_\_\_\_\_ Date of Tenure: \_\_\_\_\_  
 Basic Salary Per Month: \_\_\_\_\_ Cash Allowance (% or Amount): \_\_\_\_\_

**PART II: Recommendation by the Head of Department / Faculty/School Review Panel**

Please take into consideration: (i) funding availability; (ii) external comparability; (iii) internal relativity; and (iv) staff performance in making recommendation for cash allowance to staff colleagues. ***Recommendation for cash allowance must be supported with performance appraisal record of the staff, such as Annual Activity Report(s) for academic/teaching staff.***

**(a) # Recommendation:** (please ✓ if applicable)

- ☐ Continue the same Cash Allowance: \_\_\_\_\_% of basic salary or HK\$ \_\_\_\_\_ w.e.f. \_\_\_\_\_  
☐ Upward adjustment of Cash Allowance: \_\_\_\_\_% of basic salary or HK\$ \_\_\_\_\_ w.e.f. \_\_\_\_\_  
☐ Downward adjustment of Cash Allowance: \_\_\_\_\_% of basic salary or HK\$ \_\_\_\_\_ w.e.f. \_\_\_\_\_  
☐ Cease the provision of Cash Allowance

**(b) Justifications:** (please use additional sheets if necessary)**(c) Source of funding and A/C No.:** (if available)

☐ UGC Fund \_\_\_\_\_ ☐ Private Fund \_\_\_\_\_ ☐ Others \_\_\_\_\_

Recommended by:

\_\_\_\_\_  
 Signature of Head

\_\_\_\_\_  
 Signature of Chairman of Faculty/School  
 Review Panel/Dean

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**PART III: Endorsement by the Provost**

I \* endorse/do not endorse the above recommendation, with additional comments, if any:

\_\_\_\_\_  
 Signature of Provost

\_\_\_\_\_  
 Date

**PART IV: Approval by the President and Vice-Chancellor**

I \* approve/do not approve the above recommendation, with additional comments, if any:

\_\_\_\_\_  
 Signature of President and Vice-Chancellor

\_\_\_\_\_  
 Date

# The provision of cash allowance is subject to review on a triennial basis

\* Please delete as appropriate.