

New Pay and Reward Structure - Recommendation on Performance Award

- Notes:**
1. The information provided hereunder is for the purpose of consideration of the provision of performance award.
 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/Office: _____

Post Title: _____ Monthly Salary: _____ Staff ID: _____
 (to be provided by Human Resources Office)

PART II: Recommendation by Dean/Head of Office

Performance Award is designed to assist Faculties/Schools/Offices to show recognition and appreciation to colleagues who have demonstrated *excellent performance* and/or made a *special contribution* to the Faculty/School/Office. It can be given out at the time of performance reviews. *All performance award recommendations must be supported with performance appraisal record of the staff.*

Performance Award does not constitute part of the staff's basic salary. Under normal circumstances, it will not be taken into account in calculating the retirement benefits, unless otherwise required by the Mandatory Provident Fund Schemes Ordinance.

(a) Recommendation:

A lump sum payment of HK\$_____ (which is equivalent to around _____ % of the staff's basic annual salary) be provided as **Performance Award** payable on _____.

(b) Justifications:

(c) Source of funding and A/C No. (if available):

☐ UGC Fund _____ ☐ Earmarked Grants _____

☐ Private Fund _____ ☐ Others _____

Signature of Head of Department/Head of Office

Date

PART III: Endorsement by the Dean of Faculty/School

I * endorse/do not approve this recommendation from the Head of Department, with the following additional comments, if any:

Signature of Dean of Faculty/School

Date

PART IV: Approval by the President and Vice-Chancellor/Provost/respective Vice-President

I * approve/do not approve this recommendation from the Dean/Head of Office, with the following additional comments, if any:

Signature of President and Vice-Chancellor /
Provost/respective Vice-President

Date

* Please delete as appropriate.

EW/LH/yy (20/7/2017)