

New Pay and Reward Structure - Recommendation on Salary Adjustment

- Notes:**
1. The information provided hereunder is for the purpose of recommending salary adjustment.
 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: _____ Staff ID: _____
(to be provided by Human Resources Office)

PART II: Recommendation by the Head of Office/Head of Department

Faculty/School/Office shall take into consideration: (i) funding availability; (ii) external comparability; (iii) internal relativity; and (iv) staff performance in recommending salary increase for staff who have not yet reached top of their salary ranges. Recommended salary adjustment will be added to the basic salary of the staff. ***All salary adjustment recommendations must be supported with performance appraisal record of the staff, such as Annual Activity Report(s) for academic/teaching staff and Performance Planning and Review Report(s) for non-teaching staff.***

(a) Recommendation

Current Monthly Salary: HK\$ _____ in Salary Range HK\$ _____ to HK\$ _____

Revised Monthly Salary: HK\$ _____ (equivalent to around _____% increase)

Effective Date: _____

(b) Justifications (if % increase above/below the University recommended level): *(please use additional sheets if necessary)***(c) Performance Ratings (applicable to academic/teaching staff only):** *(please tick as appropriate)*

| Performance Area | Excellent | Good | Threshold | Unacceptable |
|--|-----------|------|-----------|--------------|
| Teaching | | | | |
| Scholarly/Creative/Professional Work/Activities | | | | |
| Service to Department/Faculty/University/ Profession/Community (including Knowledge Transfer) | | | | |
| Overall Rating: | | | | |

For non-teaching staff, please provide performance ratings on the Performance Planning and Review Report(s) as the supporting appraisal record for salary adjustment.

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

☐ UGC Fund _____ ☐ Earmarked Grants _____

☐ Private Fund _____ ☐ Others _____

Signature of Head of Office/Department

Date

PART III: Approval by the P/VC / Provost / respective VP / Faculty/School Review Panel / Dean

Recommendation shall be forwarded to the Faculty/School Review Panel/Dean OR Head of Office to the President and Vice-Chancellor/Provost/respective Vice-President to whom the Office reports for approval.

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

Signature of P/VC / Provost / respective VP /
Chairman of Faculty/School Review Panel / Dean

Date

* Please delete as appropriate.