

**Request Form for Sickness Allowance to Student Helper**

**Notes:**

1. A Student Helper who works **continuously for 4 weeks or more, with at least 18 hours of work in each week** is regarded as being employed under a “continuous contract of employment” in accordance with the Employment Ordinance, and should be entitled to statutory benefits accordingly.
2. Paid sickness days are accumulated at the rate of **2 paid sickness days for each completed month of service** under a continuous contract of employment. Sickness allowance will be payable in respect of scheduled working day(s) during **a period of 4 consecutive sickness days or more** supported by proper medical certificate(s).
3. The personal data provided on this form will be used by the University administrators and the Colleges/Departments/Units (D/Us) concerned for considering and processing this application. The provision of personal data on this form is voluntary. If you do not provide sufficient information, however, the University may not be able to process your application. For enquiries, including data access and corrections, please contact the D/Us concerned.

**Section A (to be completed by Student Helper)**

Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Dept/Unit: \_\_\_\_\_

Contact information: (Tel.) \_\_\_\_\_ (E-mail) \_\_\_\_\_

I apply for the following period of sick leave\*:

from \_\_\_\_\_ to \_\_\_\_\_ (dd/mm/yyyy)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\* Medical certificate(s) for 4 consecutive sickness days or more must be provided.

**Section B (to be completed by Job Supervisor)**

Name: \_\_\_\_\_ Serving Dept/Unit: \_\_\_\_\_

Contact information: (Tel.) \_\_\_\_\_ (E-mail) \_\_\_\_\_

I hereby confirm that:

(a) The above Student Helper has been engaged to work continuously for 4 weeks or more, with at least 18 hours of work in each week. His/Her accumulated entitlement to paid sickness day is:

\_\_\_\_\_ days (before deducting the above sick leave)

(b) The above sick leave is:

[ ] Approved#. The Student Helper was originally scheduled to work on the following date(s) during the above sick leave period:

\_\_\_\_\_ (dd/mm/yyyy).

The funding source supporting the payment of sickness allowances is:

\_\_\_\_\_ (Cost Centre code/Project code)

[ ] Not approved.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Approved request for sickness allowance should be forwarded to the Payroll and Superannuation Unit, Finance Office for payment arrangements. For enquiries on the provision of paid sickness day and the payment matters, please contact Miss Daisy Liu, Human Resources Office (3943 9894) and Miss Natalie Lau, Finance Office (3943 8614) respectively.