For Official Use Only:

E -B

Please send the completed **original** forms to the YETP (KLN Office), Labour Department: 9/F, Kowloon East Government Offices, 12 Lei Yue Mun Road, Kwun Tong

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| SAMPLE  **Youth Employment and Training Programme (YETP)** |
| **Salary and Training Record of Trainee** |

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| --- | --- | --- | --- | --- |
| **Part A** | |  |  | |
| Name of Company/ Organization: | |  | Employer No. : |  |
| Name of Trainee: | |  | Registration No. of trainee : |  |
| Post Title : | |  | Vacancy No.: |  |
| On-the-job Training Period: | | (dd) / (mm) /  (yyyy) to (dd) / (mm) /  (yyyy) | | |
| Skills to be acquired by trainee through On-the-job Training: | |  | | |
|  | |  | | |
| Please note: | 1. Employers can apply for the on-the-job training allowance either **once every three months (except claims with on-the-job period less than three months)** or after the trainee has completed the on-the-job training. However, all applications for on-the-job training allowance must be made within six months after completion of the on-the-job training period or after the trainee left service (whichever is earlier). Late application will not be processed. 2. When applying for the on-the-job training allowance, employers have to submit both the “Salary and Training Record of Trainee” (This form) and “Application Form of On-the-job Training Allowance” (Annex 8) 3. Please read the chapter “Financial Arrangements” in the Employer’s Manual before filling in the application forms. 4. **If the application forms are incomplete or the information provided is insufficient, the YETP (KLN Office) will not process the application.** | | | |

**Part B Please fill in the following information:**

1. Is the trainee a relative/ friend of the director/responsible person of your company/organisation? Yes ❑　　No ❑
2. Has the trainee ever been employed by your company/organisation before this on-the-job training? Yes ❑　　No ❑
3. Trainee’s Monthly Salary: (If not monthly rated, please specify the average monthly payable sum)

**Part C**

This part must be completed.

Please tick the appropriate boxes.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | To be Completed by Employer | | | | | To be Completed by Trainee | To be Completed by Employer | For Official Use Only | |
|  | I. Monthly Wage Period  (dd/mm/yy)  (e.g.: 1/5/17-31/5/17) | II. Payment Date  (dd/mm/yy) | III. Salary Paid ($) | IV. Remarks (Please state the reason and method of calculation, if the amount of salary paid stated in III is less than the monthly salary of the trainee, such as deduction for employee MPF contribution, trainee is absent from work (3 days)) | | V. Signature of Trainee to confirm receipt of On-the-job Training and Salary | VI. Date of On-the-job training allowance Application  (dd/mm/yy) | M | D |
| 1.  1. To apply for the on-the-job training allowance either **once every three months** or after the trainee has completed the on-the-job training.  2. The upper limit of each “Monthly Wage Period” is one month  (For example: 1/5/17-31/5/17 or  13/5/17-12/6/17)  3. For application involves more than 6 wage periods, please duplicate this form to fill in more than 6 months of information. |  |  |  |  | |  |  |  |  |
| 2. |  |  |  | Each wage period should be signed by the trainee for verification  1. Please specify the calculation in details.  2 Please indicate the last working date of the trainee if the trainee has left service. | |  |  |  |  |
| 3. |  |  |  |  | | Employers must have paid full remuneration to trainees before submitting applications for on-the-job training allowance |  |  |  |
| 4. |  |  |  |  | |  |  |  |  |
| 5. |  |  |  |  | |  |  |  |  |
| 6. |  |  |  |  | |  |  |  |  |
|  | | | | | For official use only:  🞎 Late apply＞6M 🞎 Sub-prog code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**Part D Declaration:**

Our company has paid the remuneration listed in column III of Part C on the dates listed in Column II and provided proper on-the-job training as listed in Part A to the trainee. The trainee has also signed in Column V of Part C for verification. We have fully complied with the requirements of the Minimum Wage Ordinance of which wages payable to trainee, to whom the Ordinance applies, in respect of any wage period should be no less than the Statutory Minimum Wage rate. We understand that provision of false information will lead us to criminally liability and no on-the-job training allowance will be granted.

Must be same as the organization / company name in Part A.

Signature of Responsible Person:

Name:

Position: Official Stamp:

Please make your own copies, if necessary.

***~ Please submit Original Copy Only ~***