

Working Family Allowance Scheme

Form for Reporting the Working Hours Derived from Paid Absence (WFA004B) (Applicable to Employees only)

- ⇒ The working hour requirements of the Working Family Allowance (WFA) Scheme are set at 144, 168 and 192 hours per month (36, 54 and 72 hours for single-parent households). An employee can report the working hours derived from his/her paid absence (including statutory holidays, annual leave, sick leave, maternity leave and paternity leave, etc.) as part of the working hours. If the inclusion of the working hours derived from paid absence did not render the total monthly working hours to reach a higher tier of working hours (e.g. the working hours reached 192 hours in the claim month), the working hours derived from paid absence will not affect the allowance amount and the Applicant may choose not to report the paid absence.
- ⇒ If the Applicant or the household member reporting the working hours was an employee and included the working hours derived from paid absence when reporting the monthly working hours, please report the working hours derived from paid absence in this form. The method of calculating the working hours derived from paid absence is as follows:

| | | | | |
|---|---|--|---|---|
| Working Hours derived from Paid Absence | = | (A) Working Hours derived from Paid Statutory Holidays | + | (B) Working Hours derived from Other Paid Absence |
|---|---|--|---|---|

Q.1 Name of Applicant/household member reporting the paid working hours: _____

(A) Paid Statutory Holidays (No documentary proof is required)

Q.2 Please provide the actual number of days of statutory holidays taken in each claim month. The Applicant may calculate the working hours derived from paid statutory holidays taken at a rate of 8 working hours per day using the method below-

| | | | | |
|--|---|--|---|---------|
| Working Hours derived from Paid Statutory Holidays | = | Actual Number of Days of Paid Statutory Holidays Taken | x | 8 Hours |
|--|---|--|---|---------|

| Claim Month | ___/20___ | ___/20___ | ___/20___ | ___/20___ | ___/20___ | ___/20___ |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of Days of Statutory Holidays Taken | day(s) | day(s) | day(s) | day(s) | day(s) | day(s) |

(B) Other Paid Absence (Please provide relevant documentary proof according to Section 10 of the Guidance Notes)

Q.3 Apart from paid statutory holidays, please provide on a monthly basis (a) the actual number of days of other paid absence taken (such as annual leave, sick leave, maternity leave and paternity leave, etc.)^{Note} and (b) the usual daily working hours of the job. The working hours derived from other paid absence can be calculated using the method below -

| | | | | |
|---|---|---|---|-------------------------------|
| Working Hours derived from Other Paid Absence | = | (a) Actual Number of Days of Other Paid Absence Taken | x | (b) Usual Daily Working Hours |
|---|---|---|---|-------------------------------|

| Claim Month | ___/20___ | ___/20___ | ___/20___ | ___/20___ | ___/20___ | ___/20___ | Usual Daily Working Hours |
|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|---------------------------|
| 1 st Job | day(s) | day(s) | day(s) | day(s) | day(s) | day(s) | hours per day |
| 2 nd Job | day(s) | day(s) | day(s) | day(s) | day(s) | day(s) | hours per day |
| 3 rd Job | day(s) | day(s) | day(s) | day(s) | day(s) | day(s) | hours per day |

Note If the actual number of days of other paid absence taken in a claim month is less than 1 day, please provide the number of hours of absence taken and indicate in relevant box(es) the information in units of hours.

| | |
|--------------------|--|
| Declaration | I and the household member reporting the paid working hours in this form hereby declare that the above information is true, complete and accurate. We understand that wilfully making a false statement, misrepresentation or concealment of any information in order to obtain WFA by deception is a criminal offence, the commission of which, in addition to being disqualified for WFA, can lead to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210). |
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Signature of Applicant: _____

Signature of Household Member

Reporting the Paid Working Hours (if applicable): _____

Date: _____