

Employer's Certification (WFA008B)*(for employer to report information on the employee's income from work, working hours and paid absence)*

I certify that _____ (Name of Employee) [Hong Kong Identity Card No.: _____ ()] is employed by me/this company/this organisation[#] for the post of _____. During the period from ____/____/20____ to ____/____/20____, the information on his/her income from work, working hours and paid absence (if applicable) is as follows :

Item	Claim Month					
	____/20____	____/20____	____/20____	____/20____	____/20____	____/20____
Part 1: Income from Work (if applicable)						
Total Monthly Income ^{Note 1} (HK\$)	\$	\$	\$	\$	\$	\$
Part 2: Working Hours and Paid Absence (if applicable)						
1. Monthly Working Hours ^{Note 2}	hours	hours	hours	hours	hours	hours
2.(i) Number of Days of Other Paid Absence ^{Note 3}	days	days	days	days	days	days
(ii) Usual Daily Working Hours	_____ hours per day					

Note 1 Income from work generally includes salaries (excluding mandatory contributions to Mandatory Provident Fund/provident funds), allowances, commission, tips, service charges, etc. Year-end payment, Year-end bonus, double pay need not to be reported/not counted as income from work.

Note 2 If the working hours include working hours derived from paid absence, it is not necessary to fill in items 2 (i) and (ii).

Note 3 Other paid absence includes non-statutory public holidays, annual leave, sick leave, maternity leave and paternity leave, etc (i.e. excluding rest days and statutory holidays). 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.

I certify that according to my/the company's/the organisation's[#] records, the above information is true and correct.

Name of Employer/ Company/Organisation [#] :	Official Chop of Company/Organisation [#] : (if applicable)
Name of Responsible Person:	Signature of Responsible Person:
Post of Responsible Person:	
Address:	
Telephone No.:	Date:

Please delete whichever is not applicable.