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Jam	ושנט

Application No. (if applicable):

Working Family Allowance Scheme Employer's Certification (WFA008B)

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

I certify that		, ,	,	O	,			
No.:					0 0	c		
of								
information on his/her income from								
income listed below is disbursed		· ·	-					
	Claim Month							
Item	/20	/20	/20	/20	/20	/20		
Part 1: Income from Work (if applicable)								
	\$	\$	\$	\$	\$	\$		
Total Monthly Income Note 1 (HK\$)	funds schem has made work has	oyee has join ne, please con e voluntary co included the nade any volu	firm that the entributions, relevant vol	e employee - and the above luntary contr	ve declared i	ncome from		
Part 2: Working Hours and Paid	l 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: Employer/Responsible person's initial is required against any amendments.)								
Note 1 Income from work generally deducted but employees' voluth charges, etc. Year-end payr reported. Note 2 If the working hours include to the paid absence includes etc (i.e. excluding rest days at month is less than 1 day, plainformation in units of hours. I certify that according to my/the correct.	untary contribut ment, Year-end working hours non-statutory p nd statutory ho lease provide th	tions are counted bonus, double p derived from pa public holidays, a lidays). If the a he number of h	I as income from the pay are not contained absence, it is included absence, it is included absence ours of absence as included as included absence	m work), allowa unted as income s not necessary t ck leave, materi of days of other the taken and in ds, the above	nces, commission from work are from work are of fill in items 2 nity leave and paid absence to dicate in relevance information	on, tips, service and need not be (i) and (ii). paternity leave, aken in a claim ant box(es) the		
Name of Employer/ Company/Organisation#:			Compan	Official Chory y/Organisati (if application)	on#:			
Name of Responsible Person:				Signatur				
Post of Responsible Person:			Res	ponsible Pers	son:			
Address:								
Telephone No.:				D	ate:			

[#] Please delete whichever is not applicable. WFA008B (10/2024)