

**WU YEE SUN COLLEGE  
THE CHINESE UNIVERSITY OF HONG KONG**

**STUDENT SERVICE AWARD SCHEME 2021/22  
REMUNERATION CLAIM FORM**

1. Completed remuneration claim forms should be sent to Ms Carol Cheng, Wu Yee Sun College **Office on or before the 3rd calendar day of the month following the working month.**
2. Approved funds should be expended in full by 15 June 2022. Any project fund unclaimed by then will be forfeited.

**Part I – Project Information (to be filled in by Project Supervisor)**

|                     |                      |                  |  |
|---------------------|----------------------|------------------|--|
| Project Title:      |                      | Project Ref No.: |  |
| Project Supervisor: | Prof./ Dr./ Mr./ Ms. | Contact No.:     |  |

**Part II – Personal Particulars (to be filled in by Student Helper)**

|                    |   |                  |             |       |
|--------------------|---|------------------|-------------|-------|
| Name:              | (English)   | (Chinese)        | Contact No. |       |
| Student ID:        |   | Major:           | Faculty:    | Year: |
| Non-local Student? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Important Note: To comply with the policies of the Hong Kong Immigration Department, non-local students are required to:<br>a) submit a copy of the “No Objection Letter” issued by Hong Kong Immigration Department to the hiring person, and;<br>b) complete the “Log Sheet for Non-local students working in CUHK” (attached), to be endorsed by the hiring person.<br>Please attach <b>BOTH</b> of the aforementioned documents to this form for the College Office to process. |                  |             |       |
| Name of Bank:      | A/C No.:  | A/C Holder Name: |             |       |

Please “✓” appropriate box

**Part III – Service Records**

| Date (dd/mm/yyyy) | Actual Working Time (excl. meal hours) |    | Actual Hours Worked | Hourly Rate | Total Amount (HK\$) |
|-------------------|--|----|---------------------|-------------|---------------------|
|                   | From                                   | To |                     |             |                     |
|                   |  |    |                     | HK\$60      |                     |
|                   |  |    |                     | HK\$60      |                     |
|                   |  |    |                     | HK\$60      |                     |
|                   |  |    |                     | HK\$60      |                     |
|                   |  |    |                     | HK\$60      |                     |
| Total:            |  |    |                     |             | HK\$                |

**Conditions**

1. Student helpers must be currently registered **full-time students of Wu Yee Sun College**, The Chinese University of Hong Kong.
2. Conditions of engagement as Student Helpers with University
  - a) The loading of the engagement should not cause distraction from the primary attention to a full-time student’s study at the University. Thus, the aggregate working hours for a Student Helper should be restricted to less than 18 hours per week (from a Sunday to the following Saturday). Student Helpers who do not comply with this condition may be subject to sanction for the rest of the academic year, during which he/she will not be allowed to take up any Student Helper engagement.
  - b) Non-local registered full-time students with study period of at least one academic year and possessing a “No Objection Letter” (NOL) issued by the Immigration Department on permission of taking up “on-campus” employment may also be engaged as Student Helpers.
  - c) All lunch/dinner hours must be excluded.

**Student Declaration**

I declare that all my engagement(s) as a Student Helper with the University (including engagement(s) under other department(s) / project(s) during the period stated above) is (are) in compliance with conditions 2(a) to 2(c)above.

Signature of Student Helper: \_\_\_\_\_

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

Signature of Project Supervisor: \_\_\_\_\_

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

**For Office Use:**

|                                       |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Company Code                          |  |  |  |  |  |  |  |  |  |  |
| Cost Ctr /Project /Business Area Code |  |  |  |  |  |  |  |  |  |  |
| Account Code                          |  |  |  |  |  |  |  |  |  |  |
| Checked /Received by Department /Unit |  |  |  |  |  |  |  |  |  |  |
| Approved by Head                      |  |  |  |  |  |  |  |  |  |  |