

**Remuneration Packages for Staff in the Top Three Tiers  
of Subvented Non-governmental Organisations**

**Review Report for the Reporting Year of 2017-18**

(to be completed if not exempt from the Government Guidelines)

To: Director of Social Welfare  
(Attn: Subventions Section)  
38/F, Sunlight Tower,  
248 Queen's Road East  
Wan Chai, Hong Kong

**Fax No. : 2575 6537 or email at [suenq@swd.gov.hk](mailto:suenq@swd.gov.hk)**

[Please read the explanatory notes before completing this form. The completed form should **reach SWD by 28 February 2019.**]

**Name of NGO (code) : Asia Women's League Ltd. ( 032 )**

**Part A: Remuneration Packages**

Information of my staff in the top three tiers -

**(1) Staff of 1<sup>st</sup> Tier** <sup>[1]</sup>

(a) Number of staff ONE (1)

Comparable rank in  
civil service SOCIAL WORK OFFICER

(c) Post CHIEF EXECUTIVE OFFICER

(d) Total annual staff costs <sup>[2]</sup> (including those not under SWD  
subventions, if applicable) \$1,291,352.00  
[1(d) should be equal to or greater than 1(e)]  
(round up to the nearest  
dollar)

(e) Total annual staff costs under SWD subventions  
[1(e)=1(g)(i)+(ii)+(iii)+(iv)] \$1,009,929.00  
(round up to the nearest  
dollar)

(f) Please specify the months covered if (1)(e) was not incurred for the full year: \_\_\_\_\_ months

(g) Breakdown of (1)(e)

(i) Salary <sup>[3]</sup> \$877,750.00

(ii) Provident fund \$131,679.00

(iii) Cash allowance <sup>[4]</sup> (please specify if any: ) \$500.00

(iv) Non-cash based benefits <sup>[5]</sup> (please specify if any: ) \$NIL

**(2) Staff of 2<sup>nd</sup> Tier** <sup>11</sup>

(a) Number of staff	<u>TWO (2)</u>	
(b) Comparable rank in civil service	<u>ASSISTANT SOCIAL WORK OFFICER</u>	
(c) Post	<u>DEPUTY CHIEF EXECUTIVE OFFICER</u>	
(d) Total annual staff costs <sup>12</sup> (including those not under SWD subventions, if applicable) [2(d) should be equal to or greater than 2(e)]		<u>\$1,672,246.00</u> <i>(round up to the nearest dollar)</i>
(e) Total annual staff costs under SWD subventions [2(e)=2(f)(i)+(ii)+(iii)+(iv)]		<u>\$1,672,246.00</u> <i>(round up to the nearest dollar)</i>
(f) Breakdown of (2)(e)		
(i) Salary <sup>13</sup>		<u>\$1,578,910.00</u>
(ii) Provident fund		<u>\$92,836.00</u>
(iii) Cash allowance <sup>14</sup> (please specify if any: )		<u>\$500.00</u>
(iv) Non-cash based benefits <sup>15</sup> (please specify if any: )		<u>\$NIL</u>

**(3) Staff of 3<sup>rd</sup> Tier** <sup>11</sup>

(a) Number of staff	<u>THREE (3)</u>	
(b) Comparable rank in civil service	<u>REGISTERED NURSE/ASSISTANT SOCIAL WORK OFFICER</u>	
(c) Post	<u>HOME MANAGER/CENTRE IN CHARGE</u>	
(d) Total annual staff costs <sup>12</sup> (including those not under SWD subventions, if applicable) [3(d) should be equal to or greater than 3(e)]		<u>\$2,000,713.00</u> <i>(round up to the nearest dollar)</i>
(e) Total annual staff costs under SWD subventions [3(e)=3(f)(i)+(ii)+(iii)+(iv)]		<u>\$2,000,713.00</u> <i>(round up to the nearest dollar)</i>

(f) Breakdown of (3)(e)

(i) Salary <sup>13</sup>		<u>\$1,785,540.00</u>
(ii) Provident fund		<u>\$160,333.00</u>
(iii) Cash allowance <sup>14</sup> (please specify if any:	)	<u>\$54,840.00</u>
(iv) Non-cash based benefits <sup>15</sup> (please specify if any:	)	<u>\$NIL</u>

**(4) Any staff in the top three tiers serving their first contract <sup>16</sup> in 2017-18?**

*\*Please tick as appropriate.*

\* Yes (Please provide supplementary information on the next page and use additional sheet as necessary)

\* No

**(5) Review for changes <sup>17</sup>**

	<u>2016-17</u> (the year before)	<u>2017-18</u> (the reporting year)
(a) Total annual staff costs under SWD subventions in respect of the top three tiers [(1)(e)+(2)(e)+(3)(e)]	<u>\$3,893,187.00</u>	<u>\$4,682,888.00</u>

(b) Please tick and complete the following as appropriate to state the result of your review -

I have reviewed the remuneration packages of the staff in the top three tiers and **found no changes** in their remuneration as compared with the preceding year.

I have reviewed the remuneration packages of the staff in the top three tiers and **found changes** in their remuneration as compared with the preceding year. The tier(s) having changes and reasons for such changes are stated below -

*(Please use additional sheet as necessary.)*

After MPS salary adjustment, the comparable rank in civil service of Assistant Social Work

Officer in the post of Centre-In-Charge classifies as the 3<sup>rd</sup> Tier under the remuneration

packages of 2017-18.

**(6) For Staff Serving Their First Contract**

*Please add column(s) where necessary.*

*\*Please delete as appropriate.*

	<b>Staff no. 1</b>	<b>Staff no. 2</b>	<b>Staff no. 3</b>
<b>(a) Tier <sup>[1]</sup></b>	1st/ 2nd/ 3rd*	1st/ 2nd/ 3rd*	1st/ 2nd/ 3rd*
<b>(b) Comparable rank in civil service</b>			
<b>(c) Post</b>			
<b>(d) Total annual staff costs <sup>[2]</sup></b>	\$	\$	\$
<b>(e) Total annual staff costs under SWD subventions (e)=[(g)(i)+(ii)+(iii)+(iv)]</b>	\$	\$	\$
<b>(f) Please specify the months covered if (e) was not incurred for the full year</b>			
<b>(g) (i) Salary</b>	\$	\$	\$
<b>(g) (ii) Provident fund</b>	\$	\$	\$
<b>(g) (iii) Cash allowance (please specify if any)</b>	\$	\$	\$
<b>(g) (iv) Non-cash based benefits (please specify if any)</b>	\$	\$	\$

**Part B: Public Disclosure of the Review Report**

Our organisation \*has disclosed / will disclose (please specify the commencement date: 13/02/2019 ) the Review Report for 2017-18 (only Part A) through one or more of the following channels and will make it available to the public upon request -

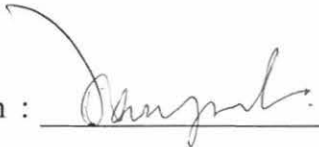
(\*Please delete as appropriate.)

<b>Channel of Disclosure</b>	
<i>(Please tick as appropriate.)</i>	
<input checked="" type="checkbox"/>	Posting the information prominently on the notice board(s) at the Central Administration Unit / Head Office
<input type="checkbox"/>	Uploading the information onto our website
<input type="checkbox"/>	Reporting the information in our Annual Report
<input type="checkbox"/>	Publishing the information through special circular(s), newsletter(s) or whatever means (please enclose the copy/copies for reference)

**Part C: Declaration by Chairperson**

I declare that the information as provided in Part A and Part B is correct.

Contact Person : ~~Mr~~/ Ms Molly Chan

Signature of Chairperson : 

Title : Accounting Officer

Name : ~~Mr~~/ Ms TAM YUK LAN

Tel. No. : 23373897

Tel. No. : 23373897

Email Address : ca@awl.org.hk

Date : 13/2/2019