

(2) Staff of 2nd Tier ¹¹

(a) Number of staff	1	
(b) Comparable rank in civil service	Enrolled Nurse	
(c) Post	Nursing Team Leader	
(d) Total annual staff costs ¹² (including those not under SWD subventions, if applicable) [2(d) should be equal to or greater than 2(e)]		<u>\$588,558</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>\$588,558</u> <i>(round up to the nearest dollar)</i>
(f) Breakdown of (2)(e)		
(i) Salary ¹³		<u>\$511,790</u>
(ii) Provident fund		<u>\$ 76,768</u>
(iii) Cash allowance ¹⁴ (please specify if any:)		<u>\$0</u>
(iv) Non-cash based benefits ¹⁵ (please specify if any:)		<u>\$0</u>

(3) Staff of 3rd Tier ¹¹

(a) Number of staff	6	
(b) Comparable rank in civil service	Enrolled Nurse X 4, Clerical Officer X1 , Welfare Worker X 1	
(c) Post	Enrolled Nurse X 4, Administration Assistant X1, Social Welfare Team Leader X1	
(d) Total annual staff costs ¹² (including those not under SWD subventions, if applicable) [3(d) should be equal to or greater than 3(e)]		<u>\$2,332,995</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>\$2,332,995</u> <i>(round up to the nearest dollar)</i>

(f) Breakdown of (3)(e)

(i) Salary ^[3]		\$2,105,645
(ii) Provident fund		\$227,350
(iii) Cash allowance ^[4] (please specify if any:)	\$0
(iv) Non-cash based benefits ^[5] (please specify if any:)	\$0

(4) Any staff in the top three tiers serving their first contract ^[6] 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 ^[7]

	<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)]	\$3,768,117	\$4,051,969

(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.)

Our agency has a fractional Social Work Officer post for supervisory support in staff establishment.

A meeting was held on 26 July 2014. The Board of Management considered our agency had difficulty to employ a fractional post supervisor. Therefore, we decide to appoint existing

Experienced staff whose post is superintendent acting the supervisor post with effect from 1

August 2014. The type of acting appointment is Doubling-up.

(6) For Staff Serving Their First Contract

Please add column(s) where necessary.

**Please delete as appropriate.*

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

Part B: Public Disclosure of the Review Report

Our organisation *~~has disclosed~~ / will disclose (please specify the commencement date: 1/2/2019) 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.)

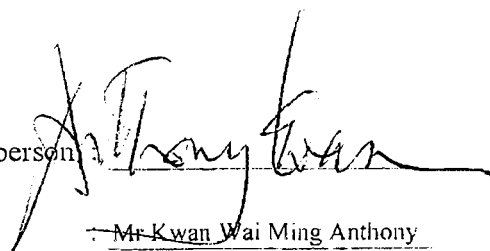
Channel of Disclosure	
<i>(Please tick as appropriate.)</i>	
<input checked="" type="checkbox"/>	Posting the information prominently on the notice board(s) at the Central Administration Unit / Head Office
<input type="checkbox"/>	Uploading the information onto our website
<input type="checkbox"/>	Reporting 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 Luk Yun Wing

Signature of Chairperson



Title : Superintendent

Name

Mr Kwan Wai Ming Anthony

Tel. No. : 2498 2558

Tel. No.

2498 2558

Email Address : lukyunwing@tunglunhome.org.hk

Date

10/1/2019