

**Payment Request for Part-time Staff and Student Assistants**

**Notes**

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| **For Finance Office Use Only** | | | | | | | |
| Doc. Ref. No. | |  | | | | |  |
| Claim No. | SSP | | Bank A/C | | Y□ | N□ |  |
| Processed by | |  | Date |  | | |  |
| Reviewed by | |  | Date |  | | |  |
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1. I have read and understand the Regulation Governing Conflict of Interest in the Staff Handbook which is available at the University website.  As a person involved in and/or approving this transaction, I confirm that I do not have conflict of interest, whether actual, potential or perceived one, in the transaction under consideration; and shall declare once I am aware of any conflict of interest situation.  I acknowledge that it is my responsibility to declare immediately if there is any actual, potential or perceived conflict of interest; and I shall not knowingly provide false information or withhold any material information in relation to this declaration.  I also understand that if I fail to comply with the above, I may be subject to disciplinary action of the University and/or prosecution.
2. A claimant who fails to comply with the Regulation Governing Conflict of Interest in the Staff Handbook, and/or knowingly gives false information or withholds any material information renders himself/herself liable to refund to the University any or all payments rendered.
3. The information a department/staff provides in this payment request will be used to facilitate the process of the staff salaries and other monies payable to him/her or a directly related purpose in the University. It may be provided to departments/offices/centres/units, and/or any other internal/external bodies, where applicable, authorized to process the information for purpose relating to the collection of such information.
4. Before completion of this payment request, users should read the Procedure Guideline for Salary Payment to Part-time Staff and Student Assistants which is available at FO website or URL: <https://www.polyu.edu.hk/fo/docdrive/PT_Staff/PGForSalaryPmtToPTStaff&SAssists.pdf>

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| **For Part-time staff/Department Use Only** | | |
| Staff Submission Date: | d |  |
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**To: Director of Finance**

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| **Particulars of the staff**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Name | \*Prof./Dr/Mr/Mrs/Miss | |  |  | Department | |  | |  | | | (*Full name*) |  |  | |  | | \*Staff No./HKID No./Passport No. | |  | |  | Post |  | |   **Details of work requested for payment** (*information given below should tie in with the corresponding letter of appointment*)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Appointment period from |  | | | to |  |  | Duty |  | | | |  | (*dd/mmm/yyyy*) | | |  | (*dd/mmm/yyyy*) |  |  |  | | | | Course/Subject/Project code | |  | title | |  | | | | level |  |   Basis of payment (*please tick (****√****) the appropriate basis and fill in the details accordingly*)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Hourly basis (*date and no. of working hours for each day*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  |  | | |  | | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | | |  |  |  |  | |  | | yyyy | |  |  | dd | | |  | | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | | |  |  |  |  | |  | | mmm | |  |  | No. of hours | | |  | | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | | |  |  |  |  |  | | | Subtotal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | yyyy | |  |  | dd | |  | | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | | |  | |  |  |  | |  | | mmm | |  |  | No. of hours  hour H | |  | | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | | |  | |  |  |  |  | | | Subtotal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total no. of hours | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  | |  | Monthly basis (*one row for one continuous period*) | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |  |  | | Start date | | | |  | | | End date | | | | | | |  | | No.of days | | | | | | |  | | | Additional information, if any | | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | | |  | | | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  | |  | | | |  | | |  | | | | | | |  | |  | | | | | | | |  |  | |  | | | |  | | |  | | | | | | |  | |  | | | | | | | |  |  | | (*dd/mmm/yyyy*) | | | |  | | | Total no. of days | | | | | | |  | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Lump sum basis (*one row for one continuous period*) | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | Start date | | | |  | | | End date | | | | | | |  | | Amount | | | | | | | |  |  | |  | | | |  | | |  | | | | | | |  | |  | | | | | | | |  |  | |  | | | |  | | |  | | | | | | |  | |  | | | | | | | |  |  | |  | | | |  | | |  | | | | | | |  | |  | | | | | | | |  |  | | (*dd/mmm/yyyy*) | | | |  | | | Total amount | | | | | | |  | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |   **Certified by HoU/delegate/project leader**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | I certify that the information provided above is true and correct. Please arrange payment accordingly. Should any | | | | | | further information be required, please contact |  | at tel./ext. |  | . | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  |  |  |  |  | | |  |  | |  |  |  |  |  |  | | | Signature |  | |  | Name |  |  | Date |  | | |  | |  |  |  | *(\*HoU/delegate/project leader*) |  |  | |  | |

\**Delete as appropriate*