

RESTRICTED

For Official Use Only	
LBTC No. :	
Tribunal Officer :	

Labour Department Labour Relations Division Claim Form

For Official Use Only	
LRD Ref. No. :	
Appointment :	
N.A. :	
Case Officer :	

Date : _____

Part I

#Attention: Please provide true and accurate information in this claim form in order not to affect the effectiveness of the conciliation service.

Particulars of Employee			
Name : (Chinese)		(English)	
Sex : <input type="checkbox"/> M <input type="checkbox"/> F			
HK Identity Card No. :	Date of Birth :	Age :	Nationality :
Address :			Phone No.:
Terms of Employment			
Position :		Employment Period : (from) (to)	
Working Hours : (from) (to)	Others (please specify) :	Last Workplace :	
Wages : \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Hourly		
Pay Day :	<input type="checkbox"/> Per piece <input type="checkbox"/> Others (please specify) :		
Form of Employment Contract :	<input type="checkbox"/> Written <input type="checkbox"/> Oral	Probationary Period : <input type="checkbox"/> Yes () month(s) / () days <input type="checkbox"/> No	
		Agreed Notice Period : <input type="checkbox"/> Yes () month(s) / () days <input type="checkbox"/> No	
Mode of Termination / Variation of Terms of Employment Contract			
<input type="checkbox"/> Resigned without prior notice on _____ <input type="checkbox"/> Resigned with prior notice given on _____ <input type="checkbox"/> Dismissed without prior notice on _____ <input type="checkbox"/> Dismissed with prior notice given on _____ <input type="checkbox"/> Deemed terminated by employer on _____ as wages are not paid within one month from the due day <input type="checkbox"/> Laid off by employer (period of lay-off : from _____ to _____) <input type="checkbox"/> Still in employment			
Only applicable to claims of unreasonable dismissal; unreasonable and unlawful dismissal; or unreasonable variation of terms of employment contract	<input type="checkbox"/>	Unreasonable Dismissal (<i>only applicable to employees with not less than 2 years' service</i>)	
	<input type="checkbox"/>	Unreasonable and Unlawful Dismissal	
	<input type="checkbox"/>	Dismissal after serving a notice of pregnancy on the employer	
	<input type="checkbox"/>	Dismissal on paid sick leave	
	<input type="checkbox"/>	Dismissal for trade union membership and activities	
	<input type="checkbox"/>	Dismissal of an injured employee (which is in contravention of the Employees' Compensation Ordinance)	
	<input type="checkbox"/>	Dismissal by reason of giving evidence in any proceedings in connection with the enforcement of labour legislation	
<input type="checkbox"/>	Unreasonable variation of terms of employment contract	Date of variation :	
Particulars of Employer/Company			
Name :		Phone No.:	
Address (1) :			
Address (2) :			
Industry :		The company : <input type="checkbox"/> is still in business <input type="checkbox"/> has ceased operation	
Person in charge of the Company	Name :		Phone No.:
	Position : <input type="checkbox"/> Proprietor <input type="checkbox"/> In-charge <input type="checkbox"/> Partner <input type="checkbox"/> Contractor <input type="checkbox"/> Director <input type="checkbox"/> Others (please specify) :		
Particulars of other Employer/Company (if applicable)			
Name of principal contractor/other employer :			Phone No. :
Address :			Contact person :
Name of superior sub-contractor/other employer :			Phone No. :
Address :			Contact person :

☐ Please tick (✓) the appropriate box

Part II**Important Notice/Disclaimer:**

The Labour Department does not represent or endorse the accuracy or reliability of any of the information or content of the claim stated below. The information and/or content of the claim stated below are produced by the claimant alone, and need to be verified or clarified during the conciliation meeting where both parties could produce further evidence (e.g. employment records) for the said purposes.

In order to facilitate conciliation, a copy of this page will be provided to the party being claimed against for reference before the conciliation meeting. By signing below, the claimant agrees sending a copy of this page to the party being claimed against.

Name of Claimant: _____ (in block letters)

Signature of Claimant : _____

I wish to claim the following :		Amount	For Official Use Only			
Wages	: (from _____ to _____)	\$ _____	AW	\$ _____	Cause :	
Other allowance(s)	: (from _____ to _____)	\$ _____				No. of claimants :
Commission	: (from _____ to _____)	\$ _____				
Overtime pay	: (from _____ to _____)	\$ _____				
Underpayment of wages	: (from _____ to _____)	\$ _____				
Deduction of wages	: (from _____ to _____)	\$ _____				
Deducted wages for MPF contributions	: (from _____ to _____)	\$ _____			PILON	\$ _____
Others (please specify) :		\$ _____				
Payment in lieu of notice :	month(s) / days *	\$ _____				
Statutory holiday pay : (from _____ to _____ : _____ days) (Please list out the holidays)		\$ _____				
Annual leave pay : (from _____ to _____ : _____ days)		\$ _____				
Rest day pay : (from _____ to _____ : _____ days) (Normal rest day on : _____)		\$ _____				
Severance payment / Long service payment * : (Length of service : _____ years and _____ months)		\$ _____				
End of year payment : <input type="checkbox"/> Lunar year <input type="checkbox"/> Calendar year (Payment period is : <input type="checkbox"/> Others _____)		\$ _____				
Sickness allowance : (from _____ to _____)		\$ _____				
Maternity leave pay : (from _____ to _____)		\$ _____				
Paternity leave pay: (Please list out the date(s) of paternity leave taken) (_____)		\$ _____	SA	\$ _____	<input type="checkbox"/> SP notice <input type="checkbox"/> EP notice <input type="checkbox"/> Vic. Notice <input type="checkbox"/> Form 1	
Others : Air ticket (for foreign domestic helper only)						
Monthly food allowance (for foreign domestic helper only)		\$ _____				
Travelling allowance (for foreign domestic helper only)		\$ _____				
Reimbursement		\$ _____				
Compensation under s.32P (for unreasonable and unlawful dismissal only):		\$ _____	MLP	\$ _____		
Total amount :		\$ _____				
			PLP	\$ _____		
			OTHS	\$ _____		
			COMP	\$ _____		
			TOTAL	\$ _____		
<input type="checkbox"/> Reinstatement / <input type="checkbox"/> Re-engagement <i>Only applicable to claims of unreasonable dismissal; unreasonable and unlawful dismissal; or unreasonable variation of terms of employment contract.</i>			RI/RE		<input type="checkbox"/> EP case <input type="checkbox"/> Non-EP case	

* Delete where appropriate

☐ Please tick (✓) the appropriate box

[illegible]

Note to Employers and Employees on the Protection of Personal Data

Your personal data provided to the Labour Relations Division of the Labour Department will be used for one or more of the following purposes:

- (i) providing conciliation service to help you and your employer / employee resolve your claims and labour disputes;
- (ii) making referrals of the claims and labour disputes to the appropriate divisions of the Labour Department or other government departments / bureaux / organisations for legal proceedings;
- (iii) offering employees protection under the Employment Ordinance (Cap. 57), the Minimum Wage Ordinance (Cap. 608) and the Protection of Wages on Insolvency Ordinance (Cap. 380);
- (iv) administering the Employment Ordinance and the Minimum Wage Ordinance, investigating into complaints and taking out prosecutions for offences committed under these Ordinances; and
- (v) compiling relevant statistics.

2. The provision of personal data is voluntary. However, if you do not provide sufficient information, we may not be able to provide you with appropriate service in relation to your claims and labour disputes. For the purposes mentioned above, your personal data provided to the Labour Relations Division may be transferred to other divisions of the Labour Department (e.g. the Minor Employment Claims Adjudication Board, Wage Security Division, Employment Claims Investigation Division, Supplementary Labour Division, Labour Inspection Division, Prosecutions Division, Employees' Compensation Division, etc.). They may also be transferred to other government departments / bureaux / organisations (e.g. the Labour Tribunal, Legal Aid Department, Official Receiver's Office, Department of Justice and Immigration Department), the Protection of Wages on Insolvency Fund Board, liquidator, receiver, occupational retirement scheme or mandatory provident fund scheme trustees and Mandatory Provident Fund Schemes Authority.

3. You have a right to access and correct your personal data under the Personal Data (Privacy) Ordinance (Cap. 486). If you would like to do so, please make your request in writing or fill in a request form which is available from our staff on request and forward your written request or the completed request form to this office.

4. Please note that if the information provided by you to the Labour Department includes the personal data of a third person, the said information may be used for the purposes specified in paragraph 1 above, or may be transferred to other divisions of the Labour Department or other government departments / bureaux / organisations as named in paragraph 2 above. Please ensure that the relevant stipulations under the Personal Data (Privacy) Ordinance have been complied with before providing such information.

Name of Claimant : _____ (in block letters)

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Part III

Preliminary application for ex gratia payment from the Protection of Wages on Insolvency Fund

I, _____ (name in block letters), hereby apply for ex gratia payment from the Protection of Wages on Insolvency Fund for items claimed in this claim form for the recovery of payments due to me by my former employer as stated in Part I of this claim form. I understand that I still need to provide wages and employment information and make a declaration under the Oaths and Declaration Ordinance (Cap. 11).

Note:

Under the Protection of Wages on Insolvency Ordinance, the Commissioner for Labour shall not approve any application in respect of (i) wages or pay for untaken statutory holidays which are made more than 6 months after the last day of service; or (ii) pay for untaken annual leave, wages in lieu of notice or severance payment which are made more than 6 months after the date of termination of contract. Therefore, please cross out Part III if the date of submitting this claim form is more than 6 months after the last day of service/ the date of termination of contract.

Signature of Claimant : _____

Date : _____