



**Quick Guide on  
the Labour Relations Division Electronic Claim Form  
of the Labour Department**

**June 2025**

## **Labour Relations Division (LRD) Electronic Claim (E-Claim) Form**

- Registrants of “iAM Smart+”, by adopting the digital signing function, can submit LRD E-Claim Form of the Labour Department (LD) to file a claim and request the conciliation service of LRD.
- Registrants of “iAM Smart” who had not yet upgraded to “iAM Smart+” can fill the E-claim form online, download and print the duly completed form, sign and submit the original copy in person to the branch office of LRD according to the workplace/ last workplace of the employee to complete the procedures of filing a claim and accessing the conciliation service of LRD.
- For details on registration of "iAM Smart" and procedures to upgrade it to “iAM Smart+”, please visit the thematic website of “iAM Smart” at <https://www.iamsmart.gov.hk/en/reg.html>
- For enquiry on employment rights and benefits, please call the LD’s 24-hour enquiry hotline at 2717 1771 (the hotline is handled by “1823”), refer to “A Concise Guide to the Employment Ordinance”, email to [enquiry@labour.gov.hk](mailto:enquiry@labour.gov.hk), or visit LRD’s branch offices in person for consultation.

# Fill-in and Submission Process

## 1. Authentication

1.1 Open “Labour Relations Division Electronic Claim Form” and click “Continue with iAM Smart”. (<https://eservice.lr.labour.gov.hk/web/login?lang=en>)



Labour Relations Division of the Labour Department  
The Government of the Hong Kong Special Administrative Region

EN 繁

**Points to Note**

- Electronic claim form is only applicable to the following people who have registered for "iAM Smart":
  - The employee himself;
  - Employer (can be submitted in the name of an individual or a company representative. The company representative must upload the company's business registration certificate or company registered address certificate and company authorisation letter (if applicable) when submitting the claim);
  - Representative of the deceased employee (must upload proof of relationship with the deceased employee, such as birth certificate or marriage certificate, etc.).
- To submit the electronic claim form directly, claimant has to digitally sign the electronic claim form by using "iAM Smart+". "iAM Smart" registrants who have not yet upgraded to "iAM Smart+" can fill in and download the completed electronic claim form, and submit to the branch office of the Labour Relations Division of the Labour Department according to the workplace/ last workplace of the employee after signing.
- Please fill in the relevant personal information based on your identity document.
- Please provide a valid Hong Kong telephone number and mailing address so that we can contact you and send you notifications.
- Before starting, please ensure you have gathered all the relevant documentation such as employment contract, salary or holiday records (if any) to facilitate filling in the claim form. If the information provided is inaccurate or incomplete, we will not be able to process your claim.
- In general, our staff will call the claimant within three working days after receiving the claim form to confirm and verify the claim information. For enquiries, please contact the staff at 2717 1771 (this hotline is answered by "1823").



1.2 The system will show the QR code of "iAM Smart".

iAM Smart English

[< Back to online service](#)

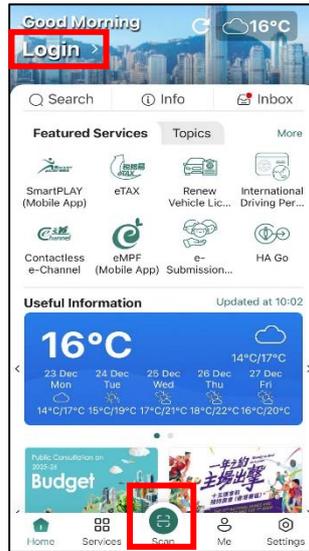
**Log in with iAM Smart :**

- Please open iAM Smart App in your mobile
- Tap the scan button in iAM Smart App
- Scan the QR Code

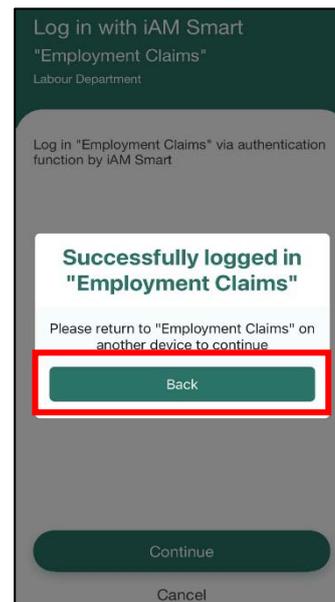
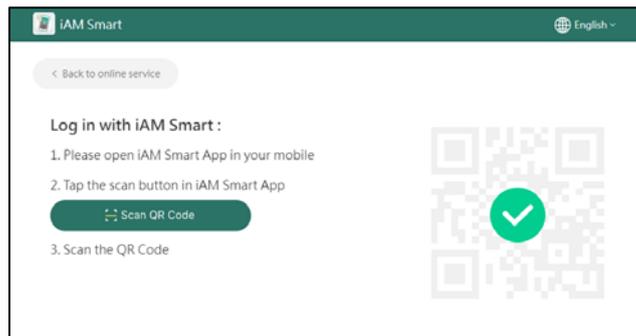




1.3 Open the "iAM Smart" mobile app, click "Login". Log in to the account by using biometric verification (e.g. fingerprint or face ID) or PIN, then click "Scan".



1.4 Scan the QR code of "iAM Smart" and log in to "Employment Claims", then click "Continue" and "Back".



## 2. Choose the form

2.1 Carefully read the “Declaration and Undertaking”, check the box  to show understanding and agreement, then click “Next”.



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### Declaration and Undertaking

**Points-to-note on Online Submission of E-claim Form**

- Please read carefully the “[Statutory Time Limits Concerning Employment Claims](#)”, “Notes on Submission of E-claim Form” and “Note to Employers and Employees on the Protection of Personal Data”.
- Electronic claim form is only applicable to the following people who have registered for “iAM Smart”:
  - The employee himself;
  - Employer (can be submitted in the name of an individual or a company representative. The company representative must upload the company’s business registration certificate or company registered address certificate and company authorisation letter (if applicable) when submitting the claim);
  - Representative of the deceased employee (must upload proof of relationship with the deceased employee, such as birth certificate or marriage certificate, etc.).
- To submit the electronic claim form directly, claimant has to digitally sign the electronic claim form by using “iAM Smart+”. “iAM Smart” registrants who have not yet upgraded to “iAM Smart+” can fill in and download the completed electronic claim form, and submit to the branch office of the Labour Relations Division of the Labour Department according to the workplace/ last workplace of the employee after signing.
- Please fill in the relevant personal information based on your identity document.
- Please provide a valid Hong Kong telephone number and mailing address so that we can contact you and send you notifications.
- Before starting, please ensure you have gathered all the relevant documentation such as employment contract, salary or holiday records (if any) to facilitate filling in the claim form. If the information provided is inaccurate or incomplete, we will not be able to process your claim.
- In general, our staff will call the claimant within three working days after receiving the claim form to confirm and verify the claim information. For enquiries, please contact the staff at 2717 1771 (this hotline is answered by “1823”).

### Notes on Submission of E-claim Form

In case of disputes between the employer and employee on the rights and responsibilities under the Employment Ordinance or the contract of employment, either party should seek assistance from the Labour Relations Division of the Labour Department as early as possible in order to avoid delay in meeting the statutory time limits for the claims concerned. In whatever circumstances, claimants should file their claims within the time limits stipulated under the relevant Ordinances as far as practicable.

If claimants fail to make a claim within the time limit stipulated by the said Ordinance, the Commissioner for Labour may depend on the situation, exercise the powers vested by the Employment Ordinance, to extend the time limit for specified cases. Claimants should approach in person the [Labour Relations Division branch office](#) nearest to the last workplace during service hours (except public holidays) (Monday to Friday 9:00 a.m. - 1:00 p.m. & 2:00 p.m. - 6:15 p.m.) to apply for an extension and complete claim-filing.

Please note that the E-claim Form could not be revised via the system after online submission with “iAM Smart+”. If claimants have not finished filling in and signing the E-claim Form in one-go, they could save the claim on the system for further revision. However, the system would only keep the information for 2 months. The information will be void if claimants could not complete submission of the E-claim Form within the specified time. Claimants should complete submission or delete the saved record before filing in another new claim with iAM Smart.

### 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:
  - providing conciliation service to help you and your employer / employee resolve your claims and labour disputes;
  - 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;
  - 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);
  - administering the Employment Ordinance and the Minimum Wage Ordinance, investigating complaints and taking out prosecutions for offences committed under these Ordinances; and
  - compiling relevant statistics.
- 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.
- 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.
- 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.

For enquiry, please call 2717 1771 (the hotline is handled by 1823) or approach in person the [Labour Relations Division branch office](#) within service hours. Claimants may also make enquiry and submit their claim in our branch office.

I have read and agree to the above information, including “Statutory Time Limits Concerning Employment Claims”, “Notes on Submission of E-claim Form” and “Note to Employers and Employees on the Protection of Personal Data”.

Next

2.2 Choose **“Fill in New Claim Form”**. If you have saved a form previously, choose **“Fill in a Saved Claim Form (Retention period is two months)”**. Please note that the saved claim form would be kept for two months only and will be deleted automatically upon expiry, without further notice. You should complete the submission by adopting the digital signing function of **“iAM Smart+”**, download/ delete the saved form through the system before filling in another new claim form.



2.3 Your name and HK Identity Card number will be auto-filled with "e-ME" form-filling function of "iAM Smart". Check the information and indicate your identity (i.e. Employee, Employer or Representative of Deceased Employee); provide your phone number, then click **“Next”**. If the claimant is a business entity (e.g. limited company, society or corporation etc.), an "iAM Smart+" registrant should be authorised to act as the representative for filling in a claim form. Representative of Employer or Deceased Employee should upload supporting document(s) to prove his/ her identity.

### 3. Fill in the form (\* are mandatory fields)

3.1 In the process of filling in the E-claim form, you can select “Save Draft” at any time as necessary to save the partially completed form for further completion and revision within 2 months.

3.2 Step 1: Fill in Particulars of Employee. Fill in the required information, then click “Next”. Please note that if the claimant is the employee himself/ herself, the Chinese name, English name, HK Identity Card number and phone number should be the **same and in exact format** as stated in previous page.

The screenshot shows the '1. Particulars of Employee' form. At the top, a progress bar indicates Step 1 is completed. The form includes the following fields: Name (Chinese) with a placeholder '陳太三', Name (English) with 'CHAN, TAI SUM', Sex with radio buttons for M, F, and N/A, HK Identity Card No. with 'G504902', Date of Birth with 'Yes' and 'No' radio buttons, Age, Nationality, Phone No. with '+852' and a question mark icon, Other Phone No. with '+852', and Address. At the bottom, there are buttons for 'Back To Menu', 'Back', 'Next' (highlighted with a red box), and 'Save Draft'.

3.3 Step 2: Fill in Terms of Employment, then click “Next”.

The screenshot shows the '2. Terms of Employment' form. At the top, a progress bar indicates Step 2 is completed. The form includes the following fields: Position, Employment Period with (from) and (to) date pickers, Still in employment with 'Yes' and 'No' radio buttons, Working hours with (from) and (to) time pickers, Others (please specify), Last Workplace with Area (HK, KN, NLT) radio buttons, District, No. & Name of Street, Wages with a currency symbol '\$', Wages Unit with radio buttons for Monthly, Weekly, Daily, Hourly, Per piece, and Others, Pay Day, Form of Employment Contract with 'Written' and 'Oral' radio buttons, Probationary Period with 'Yes' and 'No' radio buttons, and Agreed Notice Period with 'Yes' and 'No' radio buttons. At the bottom, there are buttons for 'Back To Menu', 'Back', 'Next' (highlighted with a red box), and 'Save Draft'.

3.4 [Step 3](#): **Fill in Mode of Termination/ Variation of Terms of Employment Contract** (if applicable), then click “Next”.

Step 1 Step 2 **Step 3** Step 4 Step 5 Step 6

### 3. Mode of Termination / Variation of Terms of Employment Contract

Please fill in the following information.  
\*Mandatory field

Resigned without prior notice on

Resigned with prior notice given on

Dismissed without prior notice on

Dismissed with prior notice given on

Deemed terminated by employer on **select date** as wages are not paid within one month from the due day

Laid off by employer (Period of lay-off : from)  (to)

**Only applicable to claims of unreasonable dismissal; unreasonable and unlawful dismissal; or unreasonable variation of terms of employment contract**

Unreasonable Dismissal (only applicable to employees with not less than 2 years' service) i

Unreasonable and Unlawful Dismissal i

- Dismissal after serving a notice of pregnancy on the employer
- Dismissal on paid sick leave
- Dismissal for trade union membership and activities
- Dismissal of an injured employee (which is in contravention of the Employees' Compensation Ordinance)
- Dismissal by reason of giving evidence in any proceedings in connection with the enforcement of labour legislation

Unreasonable variation of terms of employment contract i

Date of variation

3.5 **Step 4: Fill in Particulars of Employer/ Company.** If your claim involves the vicarious liability of the construction industry, please choose “Yes” to “Particulars of Other Employer/ Company (if applicable)” and provide information of the principal contractor/ superior sub-contractor, then click “Next”.

Step 1 Step 2 Step 3 **Step 4** Step 5 Step 6

### 4. Particulars of Employer/Company

Please fill in the following information.  
\*Mandatory field

Name \*

Phone No. \*

Address - 1 \*

Address - 2

Industry \*

The Company  is still in business  has ceased operation  N/A

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#### Person in charge of the Company

Name

Phone No.

Position  Proprietor  In charge  Partner  Contractor  Director  Others  N/A

Particulars of Other Employer/Company (if applicable) \*  Yes  No

Back To Menu Back **Next** Save Draft

Particulars of Other Employer/Company (if applicable) \*  Yes  No

Name of principal contractor/other employer \*

Phone No.

Contact person

Address

Name of superior sub-contractor/other employer

Phone No.

Contact person

Address

Back To Menu Back **Next** Save Draft

3.6 [Step 5](#): Fill in claim item(s) (at least one item) and claim amount, check the total amount, then click “Next”.

Step 1 Step 2 Step 3 Step 4 **Step 5** Step 6

### 5. I wish to claim the following

All least one item should be selected.

Wages	(form) DD/MM/YYYY	(to) DD/MM/YYYY	Amount \$	<a href="#">?</a>
Other allowance(s)	(form) DD/MM/YYYY	(to) DD/MM/YYYY	Amount \$	<a href="#">?</a>
Commission	(form) DD/MM/YYYY	(to) DD/MM/YYYY	Amount \$	<a href="#">?</a>
Overtime pay	(form) DD/MM/YYYY	(to) DD/MM/YYYY	Amount \$	<a href="#">?</a>
underpayment of wages	(form) DD/MM/YYYY	(to) DD/MM/YYYY	Amount \$	<a href="#">?</a>
Deduction of wages	(form) DD/MM/YYYY	(to) DD/MM/YYYY	Amount \$	<a href="#">?</a>
Deducted wages for MPF contributions	(form) DD/MM/YYYY	(to) DD/MM/YYYY	Amount \$	<a href="#">?</a>
Others	Please specify		Amount \$	



Total amount \$ 0

**Only applicable to claims of unreasonable dismissal; unreasonable and unlawful dismissal; or unreasonable variation of terms of employment contract.**

Reinstatement  Re-engagement  N/A

[Back To Menu](#) [Back](#) [Next](#) [Save Draft](#)

3.7 **Step 6:** You can provide brief background information of the claim and/ or upload supporting document(s) (in designated formats), if applicable, to facilitate the conciliation officer to understand the claim details.

**6. Supporting Document**

Brief Background to the Claim (Any information you consider useful to support your claim)

**Submission of Supporting Document**

Employment contract (A maximum of 3 files can be uploaded, and the total of all files cannot exceed 3MB. Maximum size of each file is 1MB. Acceptable file formats include JPG, PNG, PDF, Word)

Click or drag files here to upload

**Option \*** (No further amendment to the electronic claim form will be allowed after choosing the option)

Digitally sign and submit the electronic claim form (for "IAM Smart+" registrants only); OR

Download PDF file of the electronic claim form. Sign and submit to the branch office of Labour Relations Division of Labour Department in person.

Back To Menu Back Submit

Suggestions on supporting document(s) or background information:

	Identity of Claimant	Suggestion
1.	Employee	<ul style="list-style-type: none"> <li>➤ Employment contract</li> <li>➤ Wage record</li> </ul>
2.	Employer/ Employer’s representative	<ul style="list-style-type: none"> <li>➤ * Authorisation letter (applicable to employer’s representative)</li> <li>➤ Business Registration Certificate</li> </ul>
3.	Foreign domestic helper/ Imported worker under “Supplementary Labour Scheme”/ “Enhanced Supplementary Labour Scheme” or other Sector-Specific Labour Importation Schemes	<ul style="list-style-type: none"> <li>➤ Standard Employment Contract</li> <li>➤ Proof of Identity (e.g. passport, visa and visa extension)</li> </ul>
4.	Employer of foreign domestic helper	<ul style="list-style-type: none"> <li>➤ Standard Employment Contract</li> </ul>
5.	Representative of a deceased employee	<ul style="list-style-type: none"> <li>➤ * Documents proving the death of the deceased employee (e.g Medical Certificate of the Cause of Death, Certificate of Cremation/ Burial, death certificate)</li> <li>➤ * Documentary evidence supporting the applicant’s relationship with the deceased employee (e.g. Marriage Certificate, Birth Certificate)</li> </ul>
6.	Party to a claim case	<ul style="list-style-type: none"> <li>➤ Relevant case number of the claim case filed</li> </ul>

\* Mandatory supporting document

4. **Submit the E-Claim Form by adopting Digital Signing Function of “iAM Smart+”**
- For "iAM Smart" registrants who have not yet upgraded to “iAM Smart+”, please go to **Item 5** “Download the E-Claim Form and Submit in Person”

4.1 Choose “Digitally sign and submit the electronic claim form (for "iAM Smart+" registrants only)””, then click “Submit” and “Confirm”.

The screenshot shows a progress bar at the top with six steps, all marked with green checkmarks. Below the progress bar is the section header "6. Supporting Document" and a text area for "Brief Background to the Claim". Underneath is a "Submission of Supporting Document" section with instructions on file uploads and a file upload area. At the bottom, there are two radio button options: "Digitally sign and submit the electronic claim form (for 'iAM Smart+' registrants only); OR" (which is selected and highlighted with a red box) and "Download PDF file of the electronic claim form. Sign and submit to the branch office of Labour Relations Division of Labour Department in person." At the bottom right, there are three buttons: "Back To Menu", "Back", and "Submit" (which is highlighted with a red box).

This screenshot is identical to the one above, but with a "Warning" dialog box overlaid in the center. The dialog box has a title bar "Warning" and a close button (X). The main text of the dialog box asks "Are you sure you want to submit?". At the bottom of the dialog box, there are two buttons: "Confirm" (highlighted with a red box) and "Cancel".

4.2 Carefully check the information provided on the claim form. Please note that a claimant is deemed to be submitting the preliminary application to “Ex gratia payment from the Protection of Wages on Insolvency Fund” (if applicable) upon submission of the completed E-claim Form. The submission date will be taken as the date of submitting the preliminary application.

### 7. Confirmation

**RESTRICTED**

Labour Department  
Labour Relations Division  
Claim Form

Part I

For Official Use Only

LRD No. : \_\_\_\_\_

Tribunal Officer : \_\_\_\_\_

Submission ref. no. : e79a0a56b42222

LRD Ref. No. : \_\_\_\_\_

Appointment : \_\_\_\_\_

N.A. : \_\_\_\_\_

Case Officer: \_\_\_\_\_

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

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

<b>Particulars of Employee</b>	
Name : (Chinese) _____ (English) _____	Sex : <input type="checkbox"/> M <input type="checkbox"/> F
HK Identity Card No. _____ Date of Birth: _____ Age : _____	Nationality : _____
Address : Hong Kong _____ Phone No. : 22222222	
<b>Terms of Employment</b>	
Position : Construction Worker	Employment Period : (from) 01-01-2010 (to) 31-05-2024
Working Hours : (from) _____ (to) _____ Other (please specify) : _____ Last Workplace : N/A	
Wages : \$ 1500.00	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Hourly
Day/Day :	<input type="checkbox"/> Per Piece <input type="checkbox"/> Others (please specify) : _____
Form of Employment : <input type="checkbox"/> Written <input checked="" type="checkbox"/> Oral	Probationary Period : <input type="checkbox"/> Yes ( ) month (s) / ( ) days <input checked="" type="checkbox"/> No
Contract : <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written	Agreed Notice Period : <input checked="" type="checkbox"/> Yes ( ) month (s) / ( ) days <input type="checkbox"/> No
<b>Mode of Termination / Variation of Terms of Employment Contract</b>	
<input type="checkbox"/> Resigned without prior notice on _____ <input type="checkbox"/> Resigned with prior notice given on _____ notice on 31-05-2024 <input type="checkbox"/> Dismissed with prior notice given on _____ layoff on _____ at wages are not paid within one month from the due day	

Signature of claimant \_\_\_\_\_

### 7. Confirmation

**RESTRICTED**

For Official Use Only

LRD Ref. No. : \_\_\_\_\_

Part III

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

I, \_\_\_\_\_, 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.

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Signature of Claimant : \_\_\_\_\_ Date : \_\_\_\_\_

4.3 Read the checklist, carefully check the supporting document(s) uploaded (if any), check the box “I have verified the terms and understood the statutory requirements as stated above” and click “Sign with iAM Smart”.

**Read Checklist**

Before submission of E-claim Form, please ensure you have filled in the form properly and have gone through the following checklist:

**Either you are an employer or employee**

- According to the Limitation Ordinance, actions founded on simple contract or on tort and certain other actions, insofar claims for remedies under Part VIA of the Employment Ordinance (such as order for reinstatement and re-engagement, award of terminal payments and award of compensation) are not involved, shall be brought within 6 years from the date on which the cause of action accrued.
- According to the Minor Employment Claims Adjudication Board Ordinance, if your claim amount does not exceed \$15,000, unless both parties agree, the jurisdiction of Minor Employment Claims Adjudication Board only covers those claims which arose within 12 months before the date on which the claim is filed.

**If you are an employee**

- If you are employed by a sub-contractor and are owed wages, you shall serve a written notice to the principal contractor or the main nominated sub-contractor within 60 days (the deadline may be extended for a further period up to 90 days if approved by the Commissioner for Labour) after the wages become due.
- If you wish to claim for severance payment, you shall serve a written notice to the employer within 3 months (the deadline may be extended if approved by the Commissioner for Labour) after the dismissal/ lay-off takes effect.
- If you wish to file a claim for remedies under Part VIA of the Employment Ordinance with the Labour Tribunal, you shall do so within 9 months from the effective date of the termination of employment or variation of contract.
- If you wish to claim for remedies under unreasonable dismissal / unreasonable variation of the terms of the employment contract / unreasonable and unlawful dismissal, you shall serve a written notice to the employer in respect of your claim within 3 months from the effective date of termination of employment or variation of contract (the deadline may be extended for a further period up to 6 months if approved by the Commissioner for Labour)
- You have read the Part III of the E-claim Form and understood that according to Protection of Wages on Insolvency Ordinance, application in respect of wages and pay for untaken statutory holidays shall be made within 6 months after the employee's last day of service; whereas application in respect of pay for untaken annual leave, wages in lieu of notice or severance payment shall be made within 6 months after the date of termination of contract.

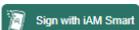
**If you are an employee's representative**

- If you are the prioritized person (e.g. spouse, children or parents of the deceased employee) and wish to claim for long service payment in the event of the death of an employee, you shall serve an application in a specified form to the employer within 30 days (the deadline may be extended if approved by the Commissioner for Labour) after the death of the employee.

**Uploaded Files**

1. 僱傭合約 Employment Contract.docx

I have verified the terms and understood the statutory requirements as stated above.



4.4 A message box will pop up showing the document information and identification code.

covers those claims which arose within 12 months before the date on which the claim is filed.

**If you are an employee**

- If you are employed by a sub-contractor and are owed wages, you shall serve a written notice to the principal contractor or the main nominated sub-contractor within 60 days (the deadline may be extended for a further period up to 90 days if approved by the Commissioner for Labour) after the wages become due.
- If you wish to claim for severance payment, you shall serve a written notice to the employer within 3 months (the deadline may be extended if approved by the Commissioner for Labour) after the dismissal/ lay-off takes effect.
- If you wish to file a claim for remedies under Part VIA of the Employment Ordinance with the Labour Tribunal, you shall do so within 9 months from the effective date of the termination of employment or variation of contract.
- If you wish to claim for remedies under unreasonable dismissal / unreasonable variation of the terms of the employment contract / unreasonable and unlawful dismissal, you shall serve a written notice to the employer in respect of your claim within 3 months from the effective date of termination of employment or variation of contract (the deadline may be extended for a further period up to 6 months if approved by the Commissioner for Labour)
- You have read the Part III of the E-claim Form and understood that according to Protection of Wages on Insolvency Ordinance, application in respect of wages and pay for untaken statutory holidays shall be made within 6 months after the employee's last day of service; whereas application in respect of pay for untaken annual leave, wages in lieu of notice or severance payment shall be made within 6 months after the date of termination of contract.

**If you are an employee's representative**

- If you are the prioritized person (e.g. spouse, children or parents of the deceased employee) and wish to claim for long service payment in the event of the death of an employee, you shall serve an application in a specified form to the employer within 30 days (the deadline may be extended if approved by the Commissioner for Labour) after the death of the employee.

Please write down the document information and identification code, then open the smart convenience and check the signed document information and identification code displayed in the smart convenience.

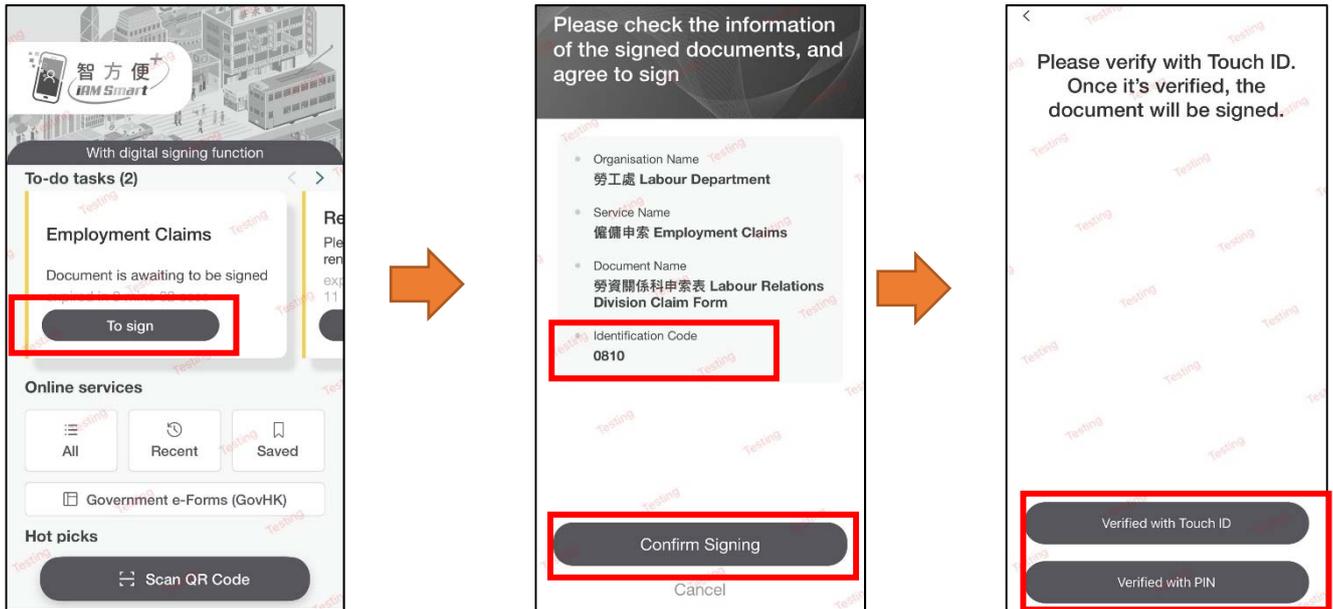
- Department Name: 勞工處 Labour Department
- Service Name: 僱傭申索 Employment Claims
- Document Name: 勞資關係科申索表 Labour Relations Division Claim Form
- Identification Code: **0810**

Please follow the steps below:

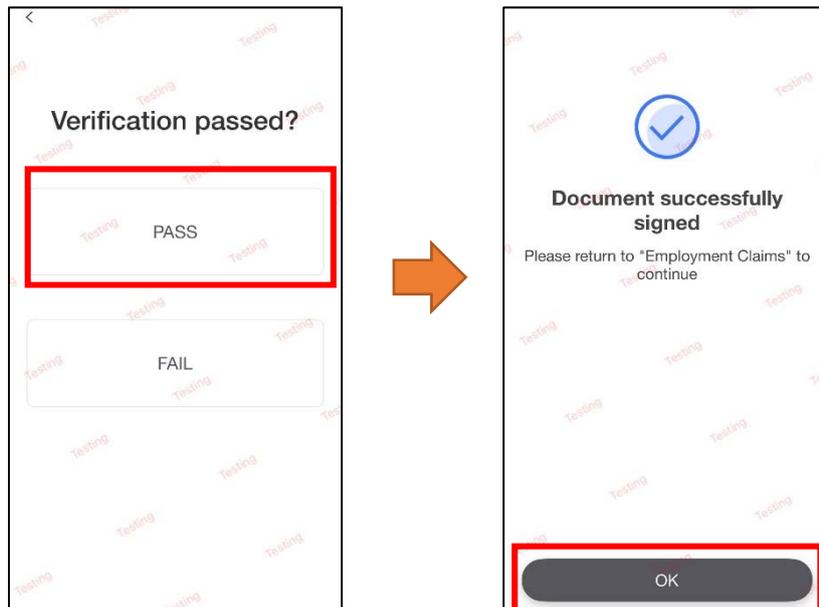
- Open "iAM Smart" app in your mobile device
- Make sure the identification code shown in "iAM Smart" is the same
- Tap on "Sign" to complete the digital signing



4.5 “Employment Claims” will appear on “To-do tasks” of the “iAM Smart” mobile app. Click “**To sign**”, verify the identification code and click “**Confirm Signing**”, then choose “Verified with Touch ID” or “Verified with PIN”.



4.6 Choose “Pass” for verification, then click “OK”.



4.7 The system will show “**Application Successful**”. Please record the reference number for future enquiries. You could also download the PDF version of the E-claim form for record.

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勞工處勞資關係科

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### 8. Application Successful

Labour Relations Division of the Labour Department has received your electronic claim form submitted via "IAM Smart". It is under processing and verification. Staff of the Labour Relations Division will call you later. Reference number: b29284303a2222

Please write down the reference number for future enquiry if necessary.

[Download PDF](#)

4.8 The system will list the **specific written notice(s)** that may have to serve as required by the Employment Ordinance in accordance with your claim. Please download the notice(s), fill in and send it to the employer or principal contractor/ superior sub-contractor by registered mail where appropriate. You must keep the copy of the notice(s) served and the receipt of registered mail, so that you could submit to the conciliation officer for record and follow-up if necessary.

If your claim involves application to the Commissioner for Labour for extension of deadline for serving notice, our staff will call you to visit the branch office of LRD of LD in person to complete the relevant procedures.

### 8. Application Successful

Labour Relations Division of the Labour Department has received your electronic claim form submitted via "IAM Smart". It is under processing and verification. Staff of the Labour Relations Division will call you later. Reference number: a46914432222

Please write down the reference number for future enquiry if necessary.

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**If you claim for Severance Payment / Long Service Payment**

Please send the notices by registered mail to your employer and to retain the postage receipt. The envelope should bear your address. You should also retain a copy of the notices.

1. Notice of Claim for Remedies under Part VIA (Section 32(a)) of the Employment Ordinance, CAP 57
2. Notice of Claim for severance pay

[Download](#)

**If your claim involves Unreasonable Dismissal / Unreasonable Variation of the Terms of the Employment Contract / Unreasonable and Unlawful Dismissal**

Please send the notices by registered mail to your employer and to retain the postage receipt. The envelope should bear your address. You should also retain a copy of the notices.

1. Notice of Claim for Remedies under Part VIA (Section 32(a)) of the Employment Ordinance, CAP 57

[Download](#)

**If your claim involves wages owed by a sub-contractor or nominated sub-contractor, you have to serve a written notice to the principal contractor or the main nominated sub-contractor**

Please send the notices by registered mail to your employer and to retain the postage receipt. The envelope should bear your address. You should also retain a copy of the notices.

1. Notice of Claim for wages due pursuant to Section 43D(1)(43H(1)) of the Employment Ordinance, CAP 57

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4.9 In general, our staff will call you **within three working days** after receiving the E-claim form to confirm and verify the claim information. If we could not reach you by phone, we will send letter to you.

For enquiries, please call 2717 1771 (this hotline is handled by "1823") or email to [enquiry@labour.gov.hk](mailto:enquiry@labour.gov.hk). Please provide the reference number for our follow up.

## 5. Download the E-Claim Form and Submit in Person

- "iAM Smart" registrants who have not yet upgraded to "iAM Smart+" or who do not wish to submit the claim form online, can download the E-claim form in PDF format, and submit to the branch office of LRD of LD in person.

5.1 Choose "Download PDF file of the electronic claim form. Sign and submit to the branch office of Labour Relations Division of Labour Department in person.", then click "Submit" and "Confirm".

The screenshot shows a progress bar at the top with six steps, all marked with green checkmarks. Below the progress bar is the heading "6. Supporting Document" and a text area for "Brief Background to the Claim". Underneath is a section titled "Submission of Supporting Document" with instructions on file uploads. At the bottom, there are two radio button options. The second option, "Download PDF file of the electronic claim form. Sign and submit to the branch office of Labour Relations Division of Labour Department in person.", is selected and highlighted with a red box. At the bottom right, there are three buttons: "Back To Menu", "Back", and "Submit", with the "Submit" button also highlighted with a red box.

This screenshot shows the same "6. Supporting Document" form as above, but with a "Warning" dialog box overlaid in the center. The dialog box has a close button (X) in the top right corner and contains the text "Are you sure you want to download?". At the bottom of the dialog box, there are two buttons: "Confirm" and "Cancel", with the "Confirm" button highlighted by a red box. The background form is dimmed, and the "Submit" button at the bottom right is also visible.

5.2 Carefully check the information provided on the claim form.

**7. Confirmation**

**RESTRICTED**

Labour Department  
Labour Relations Division  
Claim Form

Submission ref. no. : 07902040220

<b>For Official Use Only</b>		<b>For Official Use Only</b>
LSDC No. :		LSD Ref. No. :
Tribunal Officer :		Appointment :
		N.A. :
		Case Officer :

Date : \_\_\_\_\_ Part I

# Attention: Please provide true and accurate information in this claim form to enable us to effect the effectiveness of the insolvency action.

<b>Particulars of Employee</b>			
Name : (Chinese) [REDACTED] (English) [REDACTED]	Sex : <input type="checkbox"/> M <input type="checkbox"/> F		
ID/Identity Card No. [REDACTED]	Date of Birth: _____	Age : _____	Residential : _____
Address : Hong Kong		Phone No. : 00000000	
<b>Terms of Employment</b>			
Position : Construction Worker		Employment Period : (from) 01-01-2010 (to) 31-05-2014	
Working Hours : (from) _____ (to) _____	Other (please specify) : _____		Last Working Day : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Wages : \$ 4500.00	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Daily	<input type="checkbox"/> Hourly	
Day Day : _____	<input type="checkbox"/> Day Class <input type="checkbox"/> Other (please specify) : _____		
Form of Employment Contract : <input type="checkbox"/> Written <input checked="" type="checkbox"/> Oral	Probationary Period : <input type="checkbox"/> Yes ( ) month (s) / ( ) day <input type="checkbox"/> No	Advance Notice Period : <input type="checkbox"/> Yes ( ) month (s) / ( ) day <input type="checkbox"/> No	
<b>Mode of Termination / Variation of Terms of Employment Contract</b>			
<input type="checkbox"/> Resigned without prior notice on _____		<input type="checkbox"/> Resigned with prior notice given on _____	
<input checked="" type="checkbox"/> Dismissed without prior notice on 31-05-2014		<input type="checkbox"/> Dismissed with prior notice given on _____	
<input type="checkbox"/> Dismissed terminated by employer on _____ as wages are not paid within one month from the due day			

.....

**7. Confirmation**

**RESTRICTED**

**For Official Use Only**  
LSD Ref. No. :

**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 : \_\_\_\_\_

5.3 Read the checklist, check the box “I have verified the terms and understood the statutory requirements as stated above” and click “Go to Download PDF”.

Read Checklist

Before submission of E-claim Form, please ensure you have filled in the form properly and have gone through the following checklist:

**Either you are an employer or employee**

- According to the Limitation Ordinance, actions founded on simple contract or on tort and certain other actions, insofar claims for remedies under Part VIA of the Employment Ordinance (such as order for reinstatement and re-engagement, award of terminal payments and award of compensation) are not involved, shall be brought within 6 years from the date on which the cause of action accrued.
- According to the Minor Employment Claims Adjudication Board Ordinance, if your claim amount does not exceed \$15,000, unless both parties agree, the jurisdiction of Minor Employment Claims Adjudication Board only covers those claims which arose within 12 months before the date on which the claim is filed.

**If you are an employee**

- If you are employed by a sub-contractor and are owed wages, you shall serve a written notice to the principal contractor or the main nominated sub-contractor within 60 days (the deadline may be extended for a further period up to 90 days if approved by the Commissioner for Labour) after the wages become due.
- If you wish to claim for severance payment, you shall serve a written notice to the employer within 3 months (the deadline may be extended if approved by the Commissioner for Labour) after the dismissal/ lay-off takes effect.
- If you wish to file a claim for remedies under Part VIA of the Employment Ordinance with the Labour Tribunal, you shall do so within 9 months from the effective date of the termination of employment or variation of contract.
- If you wish to claim for remedies under unreasonable dismissal / unreasonable variation of the terms of the employment contract / unreasonable and unlawful dismissal, you shall serve a written notice to the employer in respect of your claim within 3 months from the effective date of termination of employment or variation of contract (the deadline may be extended for a further period up to 6 months if approved by the Commissioner for Labour)
- You have read the Part III of the E-claim Form and understood that according to Protection of Wages on Insolvency Ordinance, application in respect of wages and pay for untaken statutory holidays shall be made within 6 months after the employee's last day of service; whereas application in respect of pay for untaken annual leave, wages in lieu of notice or severance payment shall be made within 6 months after the date of termination of contract.

**If you are an employee's representative**

- If you are the prioritized person (e.g. spouse, children or parents of the deceased employee) and wish to claim for long service payment in the event of the death of an employee, you shall serve an application in a specified form to the employer within 30 days (the deadline may be extended if approved by the Commissioner for Labour) after the death of the employee.

I have verified the terms and understood the statutory requirements as stated above.

[Go to Download PDF](#)

5.4 Click “Download PDF”. The completed E-claim form will be downloaded to your personal digital device. Please note that you have not yet submitted your claim form. You have to print out the form, sign and submit it in person to the branch office of LRD of LD (<https://www.labour.gov.hk/eng/tele/LD565.pdf>) according to the workplace/ last workplace of the employee during office hours (Monday to Friday (except public holidays) 9:00 a.m.-1:00 p.m. & 2:00 p.m.-6:15 p.m) to complete the procedures of filing a claim.

 Labour Relations Division of the Labour Department  
The Government of the Hong Kong Special Administrative Region

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### 8. Download Electronic claim form

Your electronic claim form is not yet submitted, please download the completed claim form, sign and submit it to the branch office of the Labour Relations Division of the Labour Department according to the workplace/ last workplace of the employee.

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