

Contract of Employment

This contract of employment is entered into between _____ (hereinafter referred to as 'Employer') and _____ (hereinafter referred to as 'Employee') on _____ under the terms and conditions of employment below :

- 1. Commencement of Employment** Effective from _____
☐ until either party terminates the contract.
☐ for a fixed term contract for a period of _____ * day(s) / week(s) / month(s) / year(s), ending on _____ .
- 2. Probation Period** ☐ No ☐ Yes _____ * day(s) / week(s) / month(s)
- 3. Position and Section Employed** _____
- 4. Place of Work** _____
- 5. Working Hours** ☐ Fixed, at _____ days per week, _____ hours per day
from _____ * am/pm to _____ * am/pm
and _____ * am/pm to _____ * am/pm
☐ Shift work required _____ hours per day
from _____ * am/pm to _____ * am/pm
or _____ * am/pm to _____ * am/pm
☐ Others _____
(details of the arrangement on working hours and total working hours)
- 6. Wages**
(a) Wage rate Basic wage of _____ per * hour / day / week / month;
(b) Overtime Pay ☐ At the rate of _____ per hour
☐ At the rate according to * normal wages / _____ % of normal wages
(c) Payment of wage period(s) ☐ Every month, on _____ day of the month
- 7. Holidays** The Employee is entitled to:
☐ statutory holidays as specified in the Employment Ordinance
☐ public holidays
- 8. Paid Annual Leave** ☐ The Employee is entitled to paid annual leave according to the provisions of the Employment Ordinance (ranging from 7 to 14 days depending on the Employee's length of service).
- 9. Maternity Benefits** ☐ The Employee is entitled to maternity leave and maternity leave pay according to the provisions of the Employment Ordinan...
- 10. Paternity Benefits** ☐ The Employee is entitled to maternity leave and maternity leave pay according to the provisions of the Employment Ordinance.
- 11. Sickness Allowance** ☐ The Employee is entitled to sickness allowance according to the rules of the Company under the these circumstances:
- If the number of sickness days taken is _____ day(s) or more, an appropriate medical certificate in support of the sick leave is required.
- 12. Termination of employment contract** A notice period of _____ * day(s) / week(s) / month(s) or an equivalent amount of wages in lieu of notice (notice period not less than 7 days).
- 13. Others** The Employee is entitled to all other rights, benefits or protection under the Employment Ordinance, the Minimum Wage Ordinance, the Employees' Compensation Ordinance and any other relevant Ordinances.

The Employer and the Employee hereby declare that they understand thoroughly the above provisions and agree to sign to abide by such provisions. They shall each retain a copy of this contract for future reference.

Signature of Employee

Signature of Employer or Employer's Representative

Name in full: _____

Name in full: _____

Date: _____

Position held: _____

Date: _____