Appendix 3

Salary Payment Receipt of the Supply Teacher

 As (Name of Teacher Receiving Training)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of　 this KG had to attend the training course (Name of Training Course) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_organized by EDB (Training Period) from\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_**\***, during which the following supply teacher was employed to carry out the daily duties of the aforesaid teacher. The total salary at the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was paid to the supply teacher.

|  |
| --- |
| Name of Supply Teacher： |
| Employment Period：From to |
| No. of Working Days： |
| Daily Rate：$  |
| Total Salary Amount： |
| I acknowledge receipt of the above mentioned amount：  Name of Supply Teacher Signature Date |

**\*** I confirm that during the above period, the teacher receiving training

⬜ is a full-time teacher of kindergarten classes

⬜ has not taken any leave

⬜ has taken sick leave on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a medical certificate is enclosed

Note:

The information provided will only be used for processing my application for Supply Teacher Grant.

 Signature of School Head:

 Name of Kindergarten:

 Date: