

Receipt for Payments upon Termination/ Expiry of Employment Contract

I, _____, HKID/Passport No. _____,
 receive the following items from my employer _____
 on (date) _____ in cash by cheque by bank autopay.

- | | | | |
|----|--|----|-----------------------|
| 1. | Wages (from _____ to _____) | \$ | |
| | inclusive of payment for the following : | | |
| | (a) statutory holiday(s) | | (date(s): _____) |
| | (b) annual leave | | (from _____ to _____) |
| | (c) sick leave | | (from _____ to _____) |
| | (d) others (please specify): | | _____ |
| 2. | Food allowance (from _____ to _____) | \$ | |
| 3. | Payment in lieu of notice | \$ | |
| 4. | Untaken annual leave pay (_____ days) | \$ | |
| 5. | Long service payment/severance payment | \$ | |
| 6. | Food and Travelling allowance | \$ | |
| 7. | Pa Payment in lieu of air-ticket | \$ | |
| | Return air-ticket of _____ (Airline) | \$ | |
| 8. | Others (a) _____ | \$ | |
| | (b) _____ | \$ | |
| | Total: | \$ | |

Signature of Helper: _____ Date: _____
 (Name): (_____)

Signature of Employer: _____ Date: _____
 (Name): (_____)

Witnessed by (if any)(Signature) : _____ Date: _____
 (Name): (_____)

Note 1 : Please refer to “Practical Guide for Employment of FDHs – What FDHs and their Employers Should Know” for the rights and obligations of employers and FDHs.