

**Remuneration Packages for Staff in the Top Three Tiers
of Subvented Non-governmental Organisations**

Review Report for the Reporting Year of 2015-16

(to be completed if not exempt from the Government Guidelines)

To: Director of Social Welfare
(Attn : Subventions Section)
38/F, Sunlight Tower,
248 Queen's Road East
Wan Chai, Hong Kong
Fax No. : 2575 6537

[Please read the explanatory notes before completing this proforma. The completed proforma should reach SWD by 31 October of each reporting year.]

Part A: Remuneration Packages

Information of my staff in the top three tiers -

- (1) Staff of 1st Tier¹
- (a) Number of staff 1
- (b) Rank CSWO
- (c) Post Executive Secretary
- (d) Total annual staff costs² (including those not under SWD subventions, if applicable) \$ 1,813,855
[1(d) should be equal to or greater than 1(e)] (round up to dollar)
- (e) Total annual staff costs under SWD subventions \$ 1,393,367
[1(e) = 1(g)(i) + (ii) + (iii) + (iv)] (round up to dollar)
- (f) Please specify the months covered if (1)(e) was not incurred for the full year: _____ months
- (g) Breakdown of (1)(e)
- (i) Salary³ \$ 1,304,651
- (ii) Provident Fund \$ 88,716
- (iii) Cash Allowance⁴ (please specify if any: _____) \$ NIL
- (iv) Non-cash based Benefits⁵ (please specify if any: _____) \$ NIL

(2) Staff of 2nd Tier ¹

(a) Number of staff	2		
(b) Rank	SWO		
(c) Post	Service Coordinator		
(d) Total annual staff costs ² (including those not under SWD subventions, if applicable) [2(d) should be equal to or greater than 2(e)]		\$ 2,855,106	(round up to dollar)
(e) Total annual staff costs under SWD subventions [2(e)=2(f)(i)+(ii)+(iii)+(iv)]		\$ 2,658,318	(round up to dollar)
(f) Breakdown of (2)(e)			
(i) Salary ³		\$ 2,311,581	
(ii) Provident Fund		\$ 346,737	
(iii) Cash Allowance ⁴ (please specify if any:)	\$ NIL	
(iv) Non-cash based Benefits ⁵ (please specify if any:)	\$ NIL	

(3) Staff of 3rd Tier ¹

(a) Number of staff	7		
(b) Rank	ASWO, AOII, EOII		
(c) Post	Service Coordinator, Center in Charge, Account Officer, Executive Officer		
(d) Total annual staff costs ² (including those not under SWD subventions, if applicable) [3(d) should be equal to or greater than 3(e)]		\$ 4,843,744	(round up to dollar)
(e) Total annual staff costs under SWD subventions [3e=3(f)(i)+(ii)+(iii)+(iv)]		\$ 3,144,352	(round up to dollar)
(f) Breakdown of (3)(e)			
(i) Salary ³		\$ 2,836,235	
(ii) Provident Fund		\$ 308,117	
(iii) Cash Allowance ⁴ (please specify if any:)	\$ NIL	
(iv) Non-cash based Benefits ⁵ (please specify if any:)	\$ NIL	

Review for changes

	<u>2014 – 2015</u> (the year before)	<u>2015 - 2016</u> (the reporting year)
(1) Total annual staff costs under SWD subventions in respect of the top three tiers	\$ 6,813,075	\$ 7,196,037

(2) Please tick and complete the following as appropriate to state the result of your review -

- I have reviewed the remuneration packages of the staff in the top three tiers and found no changes in their remuneration as compared with the preceding year.

- I have reviewed the remuneration packages of the staff in the top three tiers and found changes in their remuneration as compared with the preceding year. The tier(s) having changes and reasons for such changes are stated below -

(Please use additional sheet as necessary.)

Part B: Public Disclosure of the Review Report


Our organisation ~~*has disclosed~~ / will disclose (please specify the commencement date: 2016/11/1) the Review Report (only Part A) through one or more of the following channels and will make it available to the public upon request -

(*Please delete as appropriate.)

Channel of Disclosure	
<i>(Please tick as appropriate.)</i>	
<input checked="" type="checkbox"/>	Posting the information prominently on the notice board(s) at the Central Administration Unit / Head Office
<input type="checkbox"/>	Uploading the information to our website
<input type="checkbox"/>	Reporting the information in our Annual Report
<input type="checkbox"/>	Publishing the information through special circular(s), newsletter(s) or whatever means (please enclose the copy/copies for reference)

Part C: Declaration by Chairperson

I declare that the information as provided in Part A and Part B is correct.

Contact Person : Chan Kwok Leung Signature of Chairperson : 

Title : Service Coordinator Name : Wong Man Kin

Tel. : 2476 7771 Tel. : 2476 7771

Email : admin@ylth.org Date : 2016/10/7