

## Specimen of “Certificate of Assessment on the Degree of Productivity of Persons with Disabilities”

### Minimum Wage Ordinance (Cap. 608) Section 7 of Schedule 2 Certificate of Assessment on the Degree of Productivity of Persons with Disabilities

#### **Important Notes:**

1. This Certificate of Assessment (this Certificate) is only applicable to the employee concerned for performing the work and duties for the employer as specified in Part 1 of this Certificate.
2. This Certificate should be completed in triplicate. The employee with disabilities and the employer should each keep an original copy and the remaining one be submitted to the Labour Department by the approved assessor (the assessor). The employer should keep this Certificate in the workplace for inspection by authorised officers of the Labour Department.
3. The assessment of the degree of productivity (the assessment) of the employee is completed when this Certificate is signed by the assessor.
4. **(i) If the assessment is completed during the trial period of employment as stipulated in Section 2 of Schedule 2 to the Minimum Wage Ordinance (MWO), or the employee is not required to undergo the trial period of employment, the statutory minimum wage (SMW) rate applicable to the employee should be commensurate with the assessed degree of productivity as stated in this Certificate on and from the first day after the countersigning of this Certificate by both the employee and employer; (ii) if the assessment is completed after the expiry of the trial period of employment, the SMW rate applicable to the employee which is commensurate with the assessed degree of productivity as stated in this Certificate will take retrospective effect on and from the first day after the expiry of the trial period of employment upon the countersigning of this Certificate by both the employee and employer; (iii) if either the employee or the employer fails to sign on this Certificate, the assessed degree of productivity as stated in this Certificate will not take effect under the MWO, thus the employee should be remunerated at no less than the prescribed minimum hourly wage rate as stipulated in Schedule 3 to the MWO on and from the first day after the completion of the assessment.**
5. The employer should handle the performance appraisals and salary reviews of the employee with disabilities according to the pay system which applies to employees with and without a disability alike.
6. The employee with disabilities or the employer may contact the Statutory Minimum Wage Division of the Labour Department (Tel: 2852 3846, Fax: 3101 4705 or Email: smw@labour.gov.hk) if they have any views, queries or complaints on the assessment (including the performance of the assessor, the assessment result, the assessment mechanism, etc).

#### **Statement on collection and use of personal data:**

1. In addition to providing for use by the assessor in conducting the assessment, the personal data collected by the assessor during the course of assessment will be forwarded to the Labour Department for the handling of matters in relation to the assessment, enforcement of relevant labour legislation or for statistical and research purposes.
2. All parties concerned (including employer, employee, the assessor, etc.) should comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486) in handling the personal data collected through the assessment.

*Please use a dark pen and write properly in BLOCK LETTERS.*

#### **Part 1** (To be completed by the assessor and all blanks must be filled out)

I hereby confirm that I have conducted this assessment in accordance with Schedule 2 to the MWO and Minimum Wage (Assessment Methods) Notice. The details are as follows:

#### **(I) Particulars of employee**

Name in Chinese: \_\_\_\_\_ HK Identity Card No.:         ( )

Name in English (*full name in BLOCK LETTERS*): \_\_\_\_\_ Sex: male/female\*

Serial No. of Registration Card for Persons with Disabilities: \_\_\_\_\_ Valid to: Permanent/ (dd) (mm) (yy)\*

Type(s) of disability (Please put a ✓ in the appropriate box(es) below according to the information shown on the Registration Card for People with Disabilities, more than one box can be selected):

- Hearing impairment    Visual impairment    Physical disability    Speech impairment  
Intellectual disability    Mental illness    Autism    Visceral disability/Chronic illness  
Attention Deficit/Hyperactivity Disorder    Specific Learning Difficulties

## (II) Particulars of employer

Name of employer (Chinese): \_\_\_\_\_

(English): \_\_\_\_\_

Company/Employer's Business Registration Certificate No./

Other registration no. (please specify the relevant ordinance)\*: \_\_\_\_\_

Address of company/employer\*: \_\_\_\_\_

## (III)Details of the assessment of the degree of productivity

Trial period of employment (only applicable to the trial period of employment undergone in accordance with Section 2 of Schedule 2 to the MWO)

Yes (from \_\_\_\_ (dd) \_\_\_\_ (mm) \_\_\_\_ (yy) to the day on which the assessor signed on this Certificate/  
\_\_\_\_ (dd) \_\_\_\_ (mm) \_\_\_\_ (yy)\*)

No trial period of employment

Date of assessment: \_\_\_\_ (dd) \_\_\_\_ (mm) \_\_\_\_ (yy)

(Please specify the commencement and completion dates respectively if lasted for more than one day)

Post title of employee: \_\_\_\_\_

Duties of work of employee: \_\_\_\_\_

Assessed degree of productivity is: \_\_\_\_\_ %

Signature of the assessor: \_\_\_\_\_ Assessor No.: \_\_\_\_\_

Name of the assessor: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2 (To be countersigned by the employee and employer)

1. We have read carefully the "Important Notes" and all parts of this Certificate.
2. We genuinely believe that the assessor has conducted the assessment as stated in Part 1 of this Certificate in accordance with the MWO.
3. We fully understand that our countersigning below does not mean we must continue our employment relationship.

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_

Contact tel./fax\* no.: \_\_\_\_\_

Signature of company's representative/employer\*: \_\_\_\_\_ Date: \_\_\_\_\_

Name of company's representative/employer\*: \_\_\_\_\_ Post title: \_\_\_\_\_

Company/Employer\* chop: \_\_\_\_\_ Contact tel. no.: \_\_\_\_\_

\*Please delete as appropriate