

Payment Receipt & Declaration upon Termination of Contract

I, Ms. _____, holder of HKID card No. _____, had received the following from my employer _____ (full name of employer) on _____ (date).

Wages from _____ to _____	HK\$ _____
One Month Notice	HK\$ _____
Statutory Holiday : _____ (days) { }	HK\$ _____
Annual Leave : _____ (pro-rata) { }	HK\$ _____
Long service payment	HK\$ _____
Food Allowance	HK\$ _____
Travel Allowance	HK\$ _____
Return airline ticket : _____	HK\$ _____
Total Amount	HK\$ _____

Remarks:

I am leaving my employer's home under good physical, mental, and psychological condition.

Received and confirmed by:

Helper

Name: _____
Date: _____

Employer

Name: _____
Date: _____