

教師及校長帶薪進修計劃
Sabbatical Leave Scheme for
Professional Development of Teachers and Principals
乙部 推薦書 Part II: Recommendation Form

由申請人填寫 To be completed by the Applicant

申請人個人資料	
英文姓名 Name in English	
中文姓名 Name in Chinese	
日間聯絡電話 Daytime Contact Number	
電郵地址 Email Address	

教師及校長帶薪進修計劃申請表
Sabbatical Leave Scheme for
Professional Development of Teachers and Principals
乙部 推薦書 **Part II: Recommendation Form**

乙部 校長或校監推薦書（由申請人校長或校監填寫）

Part II Recommendation from School Principal/Supervisor

(to be completed by School Principal/ Supervisor of the Applicants)

請在適當方格內加上“✓”號。Please insert a “✓” in the appropriate box.

在考慮申請人甲部的建議書後，

Upon consideration of the applicant's proposal in Part I,

本人推薦申請人_____ (姓名) 參與計劃。他/她甲部的建議書內容可行，並能對學與教/學生發展/學校發展帶來益處。本人支持他/她參與計劃。

I recommend applicant _____ (Name) for the Scheme. His/her proposal in Part I is also considered feasible and beneficial to learning and teaching/student development/school development. I support him/her to participate in the Scheme.

[中小學適用]本人確認申請人_____ (姓名) 是常額教師¹。

[For Primary and Secondary Schools] I confirm that the applicant _____ (Name) is currently a regular teacher¹.

[中小學適用]本人確認申請人_____ (姓名) 現正署任較高職級的職位。

[For Primary and Secondary Schools] I confirm that the applicant _____ (Name) is currently on acting appointment of a higher subsequent rank.

[幼稚園適用]本人確認申請人_____ (姓名)的全部薪酬是由政府資助或學費支付。

[For KGs] I confirm that the salary of the applicant _____ (Name) is fully paid by government subsidy or school fees.

本人不推薦申請人_____ (姓名) 參與計劃。

I do not recommend applicant _____ (Name) for the Scheme.

¹ 「常額教師」指 1) 官立、資助及按位津貼學校人手編制內的中、小學教師，或 2) 直資中、小學的正規教學人員。“Regular teachers” refers to 1) teachers on the staff establishment of government, aided and caput schools at the primary and the secondary levels, or 2) regular members of the teaching staff of DSS primary and secondary schools.

對申請人是否適合參加計劃或建議書的補充資料 (如有)

Additional information on applicant's suitability or proposal (if any)

例如：申請人在過往五年曾成功申請及參與任何帶薪進修假期計劃，是次再推薦的原因。

e.g. The applicant had successfully applied and participated in paid study leave scheme in the past five years.

Justifications for this recommendation.

校長/校監簽署 Signature of Principal:		校印 School Chop
校長/校監姓名 Name of Principal:		
學校 School:		
日間聯絡電話 Daytime Contact No.:		
電郵地址 Email Address:		
日期 Date:		

End of Part II 乙部完