

		Issued on: DD/MM/YYYY	
		All information accurate as of issuance date	
Section A : Details of Employment			
Company Name		Job Title, Main Duties and Responsibilities	
Employee Name		<input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment	
Employee NRIC/FIN		Duration of Employment (only for employees on fixed term contract)	
Employment Start Date		Place of Work (if different from company's registered address)	
Section B : Working Hours and Rest Days			
Details of Working Hours e.g. : - Start & End Time (Weekday & Weekend) - Break Hours - Total Working Hours (excluding break hours)		Number of Working Days Per Week	
		Rest Day Per Week (specify day)	
Section C : Salary			
Salary Period <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		Date (s) of Salary Payment	
		Date (s) of Overtime Payment	
Overtime Payment Period (only if different from salary period) <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		Basic Salary (Per Period) (specify hourly rate if on part-time employment)	
		Overtime Rate of Pay (only if working hours more than 8 hours a day or 44 hours a week)	
Fixed Allowances Per Salary Period		Fixed Deductions Per Salary Period	
Item	Allowances (\$)	Item	Deduction (\$)
Total Fixed Allowances		Total Fixed Deductions	
Other Salary-Related Components		<input type="checkbox"/> CPF Contributions Payable (subject to prevailing CPF contribution rates)	

Section D : Leave and Medical Benefits

Types of Leave
(applicable if service is at least 3 months)

- Paid Annual Leave
Per Year: _____ (days/hrs)
(for 1st year of service)
- Paid Outpatient Sick
Leave Per Year: _____ (days/hrs)
- Paid Hospitalisation
Leave Per Year: _____ (days/hrs)

(Note that paid hospitalisation per year is inclusive of paid outpatient sick leave. Leave entitlement for part-time employees may be pro-rated based on hours.)

Other Types of Leave
(e.g. Paid Maternity Leave)

- Paid Medical Examination Fee

Other Medical Benefits
(optional, to specify)

Section E : Others

Length of Probation: _____

Probation Start Date: _____

Probation End Date: _____

Notice Period for Termination of Employment

(initiated by either party whereby the length shall be the same)