

Your File Ref: _____
DID: _____
Date: _____



Dear Sir / Madam

REPORT OF RETRENCHMENT EXERCISE

We understand that you intend to retrench or have just retrenched some employees.

2 To help the Ministry monitor the labour market situation for the purpose of reviewing manpower policy and to offer assistance to the affected workers, we would appreciate it if you would complete and return the form at **Annex A** within 10 days from the date of this letter by fax / post to:

Labour Relations & Workplaces Division
Ministry of Manpower
18 Havelock Rd
Singapore 059764
Fax: 6535 4811; E-Mail: mom_notifications@mom.gov.sg

3 Please be assured that all information provided will be kept confidential.

4 If you require further advice on how to report the retrenchment payment package in the Form IR8A, you may seek the advice of the Inland Revenue Authority of Singapore (IRAS) by furnishing the following details via E-mail to taxqueries@iras.gov.sg within one month from the date of retrenchment:

- Names and NRIC No. of the retrenched Singapore Citizen or permanent resident (who need not seek tax clearance);
- A breakdown of the retrenchment payment made to each staff (e.g. amount paid to compensate for the loss of office, payment in-lieu-of notice and gratuities in respect of past services rendered, etc); and
- Name and contact no. of the person administering the retrenchment payout

5 We thank you for your co-operation and look forward to receiving your notification in Annex A.

Yours faithfully

DIRECTOR
LABOUR RELATIONS AND WORKPLACES DIVISION
MINISTRY OF MANPOWER

cc Director, Manpower Research and Statistics, MOM
Attn: Mrs Jenny Tang

Report of Retrenchment Exercise

COMPANY PROFILE

- 1 Name of company** :
- Address** :
- Contact Person:** :
Telephone No :
Fax No. :
E-Mail Address :
- Nature of Business** :
- 2 Ownership of Company** a. Local
(Please select one) b. Foreign (State country: _____)
c. Mixed
- 3 Size of Workforce** Locals: _____ Foreign: _____ Total: _____
- 4 Name of Trade Union** :
(if any)
- Date of retrenchment** :
- 5** [If retrenchment has not been carried out yet, indicate whether the affected workers or union (where applicable) have been informed]
- 6 No of employees to be retrenched** Locals: _____ Foreign: _____ Total: _____
(_____ % of the total workforce of _____)

7 REASONS FOR RETRENCHMENT

Please rank in order of importance, the 3 key reasons for the retrenchment. (Eg: '1' being the most important reason and '3' being the least important)

	REASONS	RANK
1.	Recession / Economic Downturn	
2.	High labour cost	
3.	High business costs other than labour cost	
4.	Streamlining of operations - Please elaborate:	
5.	Automation/Mechanisation/Computerisation	
6.	Restructuring of business/ company a. Merger <input type="checkbox"/> b. Take-over by another company <input type="checkbox"/> c. Outsourcing of functions <input type="checkbox"/> d. Others, please specify: <input type="checkbox"/> _____	

7.	Others - Please specify:	
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8 RETRENCHMENT BENEFITS:

Please indicate the quantum of retrenchment benefits paid or to be paid.
[Example: The quantum can be expressed in “X day’s/week’s/month’s salary for every year of completed service”.]

Length of Service of Employees	Quantum of Retrenchment Benefits	No. of employees
(a) Below 3 years’ service		
(b) At least 3 years’ service		

9 OTHER PAYMENTS (IN ADDITION TO RETRENCHMENT BENEFITS):

Please indicate the rate for which each payment is made. [Example: 1 week’s salary in lieu of notice of termination, 1 month’s AWS etc.]

- (a) Salary in lieu of Notice of Termination :
- (b) Annual Wage Supplement :
- (c) Bonus :
- (d) Ex-gratia Payment
- (e) Salary in lieu of unconsumed annual leave :
- (f) Others (Please Specify) :

10 TRAINING AND EMPLOYMENT FACILITATION ASSISTANCE

Does your company wish to receive training and employment facilitation assistance from the Workforce Development Agency (WDA)?

- Yes¹ / No / Already in contact with WDA (Please indicate as appropriate)

11 OTHER INFORMATION:

Please indicate the number of previous retrenchment exercise(s), the reason(s) and the date(s) in the last 1 year.

No.	Dates of Previous Retrenchment Exercises	Reasons

Has your company implemented other cost-cutting measures, such as shorter work-week, wage cuts, freeze on headcounts etc prior to conducting this retrenchment? If yes, please provide details on these measures and when they were implemented.

¹ Please indicate if you do not wish to disclose the information in this report to WDA

Does your company foresee further retrenchments in the next 6 months after this exercise?

- Yes / No / Not sure (Please indicate as appropriate)

If yes, when and how many employees do you foresee will be affected?

12 PROFILE OF WORKERS RETRENCHED

(The information requested would be used to facilitate job matching or for the purpose of providing training to the affected workers)

(Please fill in the below for Singaporeans and Singapore Permanent Residents only.)					
Profile of Retrenched Workers		<i>Please indicate the relevant number in each category</i>			
i) Age:	Aged 15- 19			Aged 20- 29	
	Aged 30- 39			Aged 40- 49	
	Aged 50- 59			Aged 60 and above	
ii) Occupational-Education profile:					
Occupation- Education	Diploma and above	ITE / 'A' Levels	'N' Levels / 'O' Levels	Secondary & below	Total
Professionals, Managers & Executives					
Technicians					
Clerical Workers					
Service Workers, Shop & Market Sales Workers, Security Officers					
Plant & Machine Operators and Assemblers					
Cleaners, Labourers & Related Workers					

Verified by: _____
Name, Signature & Designation of Officer

_____ Date