

Key Employment Terms

All fields are mandatory, unless they are not applicable

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										
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	Date(s) of Overtime Payment										
Fixed Allowances Per Salary Period	Basic Salary (Per Period) (specify hourly rate if on part-time employment)										
<table><thead><tr><th>Item</th><th>Allowance (\$)</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td>Total Fixed Allowances</td><td> </td></tr></tbody></table>	Item	Allowance (\$)							Total Fixed Allowances		Overtime Rate of Pay (only if working hours more than 8 hours a day or 44 hours a week)
Item	Allowance (\$)										
Total Fixed Allowances											
	Fixed Deductions Per Salary Period										
	<table><thead><tr><th>Item</th><th>Deduction (\$)</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td>Total Fixed Deductions</td><td> </td></tr></tbody></table>	Item	Deduction (\$)							Total Fixed Deductions	
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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) <input type="checkbox"/> Paid Annual Leave Per Year: _____ (days/hrs) (for 1st year of service) <input type="checkbox"/> Paid Outpatient Sick Leave Per Year: _____ (days/hrs) <input type="checkbox"/> Paid Hospitalisation Leave Per Year: _____ (days/hrs) <small>(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.)</small>	Other Types of Leave (e.g Paid Maternity Leave) <input type="checkbox"/> Paid Medical Examination Fee Other Medical Benefits (optional, to specify)
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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)
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* Please refer to www.mom.gov.sg for more details on employment laws, leave benefits and soft copy of the KETs template.