### Section A | Details of Employment

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Job Title, Main Duties and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name</td>
<td></td>
</tr>
<tr>
<td>Employee NRIC/FIN</td>
<td>Duration of Employment (only for employees on fixed term contract)</td>
</tr>
<tr>
<td>Employment Start Date</td>
<td>Place of Work (if different from company’s registered address)</td>
</tr>
</tbody>
</table>

### Section B | Working Hours and Rest Days

**Details of Working Hours**
- 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**
- Hourly
- Daily
- Weekly
- Fortnightly
- Monthly

**Date(s) of Salary Payment**

**Overtime Payment Period** (only if different from salary period)
- Hourly
- Daily
- Weekly
- Fortnightly
- 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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Allowance ($)</th>
</tr>
</thead>
</table>

**Total Fixed Allowances**

**Fixed Deductions Per Salary Period**

<table>
<thead>
<tr>
<th>Item</th>
<th>Deduction ($)</th>
</tr>
</thead>
</table>

**Total Fixed Deductions**

**Other Salary-Related Components**

- 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:**

**Notice Period for Termination of Employment**

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

**Probation Start Date:**

**Probation End Date:**

* Please refer to www.mom.gov.sg for more details on employment laws, leave benefits and soft copy of the KETs template.