EMPLOYEES' ACKNOWLEDGEMENT FORM¹

SALARY DEDUCTION SECTION 27(1)(E) OF THE EMPLOYMENT ACT (CAP 91)

We confirm that the following had been explained to us regarding our employer's application for salary deduction.

- 1. Type of amenity or service: ____
- 2. Employers can only deduct employees' salaries after the application has been
 - (i) approved by the Commissioner for Labour, and
 - (ii) written consent has been sought from each affected employee.
- 3. Employees' participation in the salary deduction is voluntary, and must be allowed to withdraw their consent given to the employer for the salary deduction.
- 4. The amount deducted from an employee's salary must not exceed the value of the amenity or service provided as specified in Section 30(2) of the Employment Act.
- 5. The total amount deducted from an employee in a month shall not exceed 50% of the employee's salary as specified in Section 32 of the Employment Act.

Name	NRIC / WP Number	Occupation	Department	Employment Start Date	Contact No.	Signature
	Name	Name NRIC / WP Number	Name NRIC / WP Number Occupation Image: Comparison of the second	Name NRIC / WP Occupation Department Number	Name NRIC / WP Occupation Department Employment Start Date Number Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date	Name NRIC / WP Occupation Department Employment Contact No. Number Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date Image: Start Date

6. This Form shall not constitute written consent of the affected employees.

¹ At least 50% or 10 (whichever is lesser) of the affected employees must provide their acknowledgement to the employer's application for salary deduction.

Note to employee:

- Ministry officials may contact you to verify the above.
- You may refer to the Ministry's website at www.mom.gov.sg on salary deduction or contact us at: Email: <u>mom_lrwd@mom.gov.sg</u> / MOM Contact Centre: 6438 5122.