

## Annex B – Key Employment Terms Template

# Key Employment Terms

All fields are mandatory, unless they are not applicable

### Section A | Employment Details

Company Name	Place of Work
Employee Full Name (as in NRIC/ Work Pass)	Employee NRIC number/FIN
Job Title	Main Duties and Responsibilities
<input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment	
Employment Start Date	Employment End Date (only applicable for fixed term contract)

### Section B | Working Hours and Rest Day

Daily working hours Start and end of work:	Number of working days per week
Break during work:	Rest day (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																
Basic rate of pay: _____ Gross rate of pay: _____																	
Overtime rate of pay: _____																	
Fixed Allowances Per Salary Period	Fixed Deductions Per Salary Period																
<table><thead><tr><th>Item</th><th>Allowance (S\$)</th></tr></thead><tbody><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 (S\$)					Total Fixed Allowances		<table><thead><tr><th>Item</th><th>Deduction (S\$)</th></tr></thead><tbody><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 (S\$)					Total Fixed Deductions	
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Other Salary-Related Components	<input type="checkbox"/> CPF contributions payable (subject to prevailing CPF contribution rates)																

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All information accurate as of issuance date

### Section D | Leave and Medical Benefits

Types of Leaves <i>(Applicable if service is at least 3 months; pay will not be deducted for taking leave)</i>	Medical Benefits
Paid Annual Leave Per Year: _____ (days/hrs)	
Paid Outpatient Sick Leave Per Year: _____ (days/hrs)	
Paid Hospitalisation Leave Per Year: _____ (days/hrs)	
Others:	
<i>(Note that paid hospitalisation leave per year is inclusive of paid outpatient sick leave. Leave entitlement for part-time employees may be pro-rated based on hours.)</i>	

### Section E | Others

Length of probation: _____	Notice Period for Termination of Employment
Probation Start Date: _____	<i>(initiated by either party whereby the length shall be the same)</i>
Probation End Date: _____	

Please refer to [www.mom.gov.sg](http://www.mom.gov.sg) for more details on employment laws, leave benefits and soft copy of the KETs template.

# Key Employment Terms

All fields are mandatory, unless they are not applicable

## Section A | Employment Details

Company Name <b>Fourteen Concepts Pte Ltd</b>	Place of Work
Employee Full Name (as in NRIC/ Work Pass) <b>Loh Li Li, Desiree</b>	Employee NRIC number/FIN <b>S9576543F</b>
Job Title <b>Administrative Assistant</b> <input checked="" type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment	Main Duties and Responsibilities <b>General administrative duties, filing and customer service.</b>
Employment Start Date <b>02/08/2021</b>	Employment End Date <i>(only applicable for fixed term contract)</i>

## Section B | Working Hours and Rest Day

Daily working hours Start and end of work: <b>Mon - Fri: 9am - 6pm, Sat: 9am - 1pm</b> <b>8 hours (Mon - Fri), 4 hours (Sat)</b> Break during work: <b>Mon - Fri: 1 hour lunch break</b>	Number of working days per week <b>5.5 days per week</b>  Rest day (specify day) <b>1 day per week (Sunday)</b>
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## Section C | Salary

Salary Period: <b>First to last day of the month</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly	Date(s) of Salary Payment <b>2nd of every calendar month</b>  Date(s) of Overtime Payment <b>2nd of every calendar month</b>														
Overtime Payment Period: _____ <i>(only if different from salary period)</i> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly															
Basic rate of pay: <b>\$2,000.00 per month</b> Gross rate of pay: <b>\$2,100.00 per month</b>															
Overtime rate of pay: <b>1.5x hourly basic rate (\$15.80)</b>															
Fixed Allowances Per Salary Period	Fixed Deductions Per Salary Period														
<table border="1"> <thead> <tr> <th>Item</th> <th>Allowance (S\$)</th> </tr> </thead> <tbody> <tr> <td><b>Uniform</b></td> <td><b>\$50.00</b></td> </tr> <tr> <td><b>Laundry</b></td> <td><b>\$50.00</b></td> </tr> <tr> <td><b>Total Fixed Allowances</b></td> <td><b>\$100.00</b></td> </tr> </tbody> </table>	Item	Allowance (S\$)	<b>Uniform</b>	<b>\$50.00</b>	<b>Laundry</b>	<b>\$50.00</b>	<b>Total Fixed Allowances</b>	<b>\$100.00</b>	<table border="1"> <thead> <tr> <th>Item</th> <th>Deduction (S\$)</th> </tr> </thead> <tbody> <tr> <td><b>CDAC</b></td> <td><b>\$1.00</b></td> </tr> <tr> <td><b>Total Fixed Deductions</b></td> <td><b>\$1.00</b></td> </tr> </tbody> </table>	Item	Deduction (S\$)	<b>CDAC</b>	<b>\$1.00</b>	<b>Total Fixed Deductions</b>	<b>\$1.00</b>
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<b>Uniform</b>	<b>\$50.00</b>														
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<b>CDAC</b>	<b>\$1.00</b>														
<b>Total Fixed Deductions</b>	<b>\$1.00</b>														
Other Salary-Related Components <b>Productivity incentive</b>	<input checked="" type="checkbox"/> CPF contributions payable <i>(subject to prevailing CPF contribution rates)</i>														

Issued on: 02/08/2021

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## Section D | Leave and Medical Benefits

Types of Leaves <i>(Applicable if service is at least 3 months; pay will not be deducted for taking leave)</i>  Paid Annual Leave Per Year: <b>14</b> (days/pr\$)  Paid Outpatient Sick Leave Per Year: <b>14</b> (days/pr\$)  Paid Hospitalisation Leave Per Year: <b>60</b> (days/pr\$)  Others: <b>16 weeks Maternity Leave</b> <i>(Paid 16 weeks maternity leave if child is Singapore Citizen and employee is lawfully married to the child's father. The employee must have worked at least 90 days before child's birth.)</i>  <i>(Note that paid hospitalisation leave per year is inclusive of paid outpatient sick leave. Leave entitlement for part-time employees may be pro-rated based on hours.)</i>	Medical Benefits <b>Full reimbursement for medical examination fee.</b>
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## Section E | Others

Length of probation: <b>1 month</b>	Notice Period for Termination of Employment <i>(initiated by either party whereby the length shall be the same)</i>
Probation Start Date: <b>01/08/2021</b>	<b>1 month notice or 1 month salary in lieu of notice</b>
Probation End Date: <b>31/08/2021</b>	

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# Key Employment Terms

All fields are mandatory, unless they are not applicable

## Section A | Employment Details

Company Name <b>XYZ Confectionary Pte Ltd</b>	Place of Work <b>Bedok Mall, #02-34m, Singapore 456789</b>
Employee Full Name (as in NRIC/ Work Pass) <b>Ng Wei Jie, Roland</b>	Employee NRIC number/FIN <b>S1122345K</b>
Job Title <b>Sales Representative</b> <input type="checkbox"/> Full-Time Employment <input checked="" type="checkbox"/> Part-Time Employment	Main Duties and Responsibilities <b>Promoting sales and creating sales orders</b>
Employment Start Date <b>15/11/2021</b>	Employment End Date <i>(only applicable for fixed term contract)</i> <b>14/11/2022</b>

## Section B | Working Hours and Rest Day

Daily working hours Start and end of work: <b>Mon - Sat: 10am - 4pm or 4pm - 10pm</b> <b>5 hours per workday</b> Break during work: <b>1 hour break</b>	Number of working days per week <b>4 days per week as per roster</b>  Rest day (specify day) <b>Sunday</b>
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## Section C | Salary

Salary Period: <b>First to last day of the month</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly	Date(s) of Salary Payment <b>3rd of every calendar month</b>  Date(s) of Overtime Payment <b>3rd of every calendar month</b>												
Overtime Payment Period: _____ <i>(only if different from salary period)</i> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly													
Basic rate of pay: <b>\$6/hr</b> Gross rate of pay: <b>\$480.00 per month</b>													
Overtime rate of pay: <b>1.5x hourly basic rate (\$9.00)</b>													
Fixed Allowances Per Salary Period	Fixed Deductions Per Salary Period												
<table><thead><tr><th>Item</th><th>Allowance (S\$)</th></tr></thead><tbody><tr><td><b>N.A.</b></td><td></td></tr><tr><td>Total Fixed Allowances</td><td></td></tr></tbody></table>	Item	Allowance (S\$)	<b>N.A.</b>		Total Fixed Allowances		<table><thead><tr><th>Item</th><th>Deduction (S\$)</th></tr></thead><tbody><tr><td><b>N.A.</b></td><td></td></tr><tr><td>Total Fixed Deductions</td><td></td></tr></tbody></table>	Item	Deduction (S\$)	<b>N.A.</b>		Total Fixed Deductions	
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<b>N.A.</b>													
Total Fixed Deductions													
Other Salary-Related Components <b>Sales Commission</b>	<input checked="" type="checkbox"/> CPF contributions payable <i>(subject to prevailing CPF contribution rates)</i>												

Issued on: 15/11/2021

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## Section D | Leave and Medical Benefits

Types of Leaves <i>(Applicable if service is at least 3 months; pay will not be deducted for taking leave)</i>  Paid Annual Leave Per Year: <b>25.5</b> (days/hrs)  Paid Outpatient Sick Leave Per Year: <b>50.9</b> (days/hrs)  Paid Hospitalisation Leave Per Year: <b>218.2</b> (days/hrs)  Others: <b>Refer to employee handbook</b>  <i>(Note that paid hospitalisation leave per year is inclusive of paid outpatient sick leave. Leave entitlement for part-time employees may be pro-rated based on hours.)</i>	Medical Benefits <b>Full reimbursement for medical examination fee.</b>
Length of probation: <b>N.A.</b>	Notice Period for Termination of Employment <i>(initiated by either party whereby the length shall be the same)</i> <b>1 week notice or 1 week salary in lieu of notice.</b>

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