

**EMPLOYER DECLARATION FORM (WITH UNION CONSENT)  
APPLICATION FOR FLEXIBLE WORK SCHEDULE (FWS)**

Please declare by signing on this form that the following had been explained to employees regarding the application for FWS:

- a. Overtime work must be mutually agreed between employees and employer, even if the application is approved.
- b. Employees will not work beyond 12 hours a day **OR** more than 72 hours of overtime per month.
- c. The affected employees under this FWS must continue to receive their monthly basic salary while working less than their contractual hours.
- d. Consent from Union have been obtained.
- e. No employee is compelled to participate in this FWS plan.
- f. The affected employees are informed on opt out procedures or forms.

1. Please provide the terms and conditions of your firm's FWS plan in the table below:

S/N	Description	Details												
a.	FWS duration – provide start date to end date in DD/MM/YY (see note i).	From _____ to _____												
b.	No. of cycle(s) within and length of each cycle (see note ii).													
c.	Duration for accrual of hours and offsetting of hours.	Duration for accrual of hours: From _____ to _____ Duration for offsetting of hours: From _____ to _____												
d.	Contractual hours of work per week prior to implementation of FWS and estimated max. hours of work to be accrued within each cycle (see note iii).	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Month</th> <th style="text-align: center;">Contractual Hours</th> <th style="text-align: center;">Hours banked-in</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>e.g. Apr 20</i></td> <td style="text-align: center;"><i>e.g. 44 hours</i></td> <td style="text-align: center;"><i>e.g. 20 hours</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Month	Contractual Hours	Hours banked-in	<i>e.g. Apr 20</i>	<i>e.g. 44 hours</i>	<i>e.g. 20 hours</i>						
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e.	Proposed rate to offset overtime hours/ hours worked on rest days/ hours worked on public holidays (see note iv and v).	<p><u>For offsetting of OT hours:</u> Each accrued hour will be used to offset ___ hour of overtime in the future.</p> <p><u>For offsetting of hours worked on rest day:</u> Each accrued hour will be used to offset ___ hour worked on rest day in the future.</p> <p><u>For offsetting of hours worked on public holiday:</u> Each accrued hour will be used to offset ___ hour worked on public holiday in the future.</p>												

Notes

- i. A short-term approval of up to 4 months will be granted to implement FWS for application due to COVID-19. Longer approval period can be granted on a case by case basis.
- ii. Each cycle consists of the period where 'un-worked' hours are accrued and used to offset with overtime hours/ hours worked on rest days/ hours worked on public holidays. For example, if the period to accrue and offset overtime hours is 8 weeks, and the period approved is 4 months or 16 weeks, then there are 2 cycles.
- iii. In months where Government wage support measures are given, firms should not 'bank-in' unused working hours in full. For example, if employees are not working for the whole month of Apr 20 and the unused working hours are 170 hours, then companies should not 'bank-in' the full 170 hours. As a guideline, the hours 'banked in' should not exceed 50% of the contractual hours that employees are not working for the month of Apr 20. In the example of the 170 hours, the hours to 'bank-in' should not be more than 85 hours.
- iv. Proposed rate to offset overtime hours refers to the rate when accrued hours are converted to overtime hours. Offset of over time hours can be by accrued wages. For details, please refer to the examples on FWS.
- v. Once the accumulated work hours are fully drawn down to offset overtime hours, the normal overtime pay at 1.5x the basic hourly rate of pay would apply.

2. Please provide the details of the union and representative that supported the terms and conditions of your firm's FWS plan as stated in point 1 above^.

S/No	Name of Employees' Union	Name of Union Representative	Contact Number of Union Representative	Email address of Union Representative
1				

^ Ministry officials may contact the union representative for verifications.

_____ Signature of Company Representative	_____ Designation (Director level and above)	_____ Date
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