

Criteria and Guidelines for Sharing of Stay-Home Notice and Related COVID-19 Tests Costs between Migrant Domestic Worker (MDW) Employers

Criteria on when costs can be shared

An employer who had paid for the costs of his/her MDW's stay at a dedicated Stay-Home Notice (SHN) facility and related COVID-19 tests, and who is transferring his/her MDW to a new employer can share such costs with the new employer if:

- (a) the MDW is transferred within twelve (12) months from her SHN completion date;
- (b) the current employer does not demand or receive more than what he/she had paid for the SHN and related COVID-19 tests costs; and
- (c) both the current and new employers sign a written agreement which must be retained for one (1) year from the agreement date and furnished to MOM on request. Employers can use MOM's template provided herein for the written agreement.

Guidelines on how to share costs

For employers who agree to share costs, MOM advises that the current employer bears the costs proportionate to the duration that the MDW worked for him/her within the 12-month period.

Employers who are using the services of an employment agency (EA) for the transfer of the MDW should approach the EA for assistance in facilitating the cost sharing.

Please refer to the two examples below:

Scenario A

MDW worked for Employer A for 6 months, and is then transferred to Employer B

- Employer A paid S\$1,800* for the costs.
- If Employers A and B agree to pro-rate by number of calendar months, $S\$1,800 / 12 = S\150 per month:
 - Employer A should bear S\$900 of the costs ($S\150×6 months) for the 6 months that the MDW worked for Employer A.
 - Employer A may recover from Employer B the balance of S\$900 ($S\150×6 remaining months).
- Alternatively, Employers A and B can agree to pro-rate by the number of calendar days.

** \$1,800 is an example and the shared costs can be adjusted accordingly. The costs may vary e.g. if the MDW stayed in a shared room or if her stay is shortened after testing positive during her stay.*

Scenario B

MDW worked for Employer A for 3 months, and is then transferred to Employer B

- Employer A paid S\$1,800 for the costs.
- Employers A and B agree to pro-rate by number of calendar months, $S\$1,800 / 12 = S\150 per month.
- Employer A should bear S\$450 of the costs ($S\150×3 months) for the 3 months that the MDW worked for Employer A.
- Employer A may recover from Employer B the balance of S\$1,350 ($S\150×9 remaining months).

MDW worked for Employer B for 5 months, and is then transferred to Employer C

- Employer B paid S\$1,350 of the costs to Employer A.
- Employers B and C agree to pro-rate by number of calendar months, $S\$1,800 / 12 = S\150 per month.
- Employer B should bear S\$750 in costs ($S\150×5 months) for the 5 months that the MDW worked for Employer B.
- Employer B may recover from Employer C the balance of S\$600 ($S\150×4 remaining months).

Controller of Work Passes

AGREEMENT to share Stay-Home Notice (SHN) and related COVID-19 tests costs

This **Agreement** is made on [*insert date*] between the Current Employer and the New Employer of [*insert name of MDW and last 4 alphanumeric characters of FIN*] (“**MDW**”).

The Current Employer has paid the costs for the MDW’s stay at a dedicated SHN facility and related COVID-19 tests (“**Costs**”).

The New Employer hereby agrees to pay, and the Current Employer agrees to receive, S\$ [*insert amount*] (“**Agreed Amount**”).

For avoidance of doubt, the Current Employer has neither received any waiver of the Costs from the Government of the Republic of Singapore, nor received from the MDW any part of the Agreed Amount (e.g. if the MDW had left Singapore for personal reason(s) and agreed to pay for any or all the Costs upon her return to Singapore). The Current and New Employer will also retain this Agreement for one (1) year from the date of this Agreement and furnish it to the Ministry of Manpower on request.

The details of the sharing of the Costs are in Appendix 1.

Signed by:

Current Employer: _____

Last 4 alphanumeric characters of NRIC/FIN:

Signature:

Signed by:

New Employer: _____

Last 4 alphanumeric characters of NRIC/FIN:

Signature:

[This section is to be completed if the transfer is facilitated by an Employment Agency (EA)]

Witnessed by:

Name of EA and EA Licence Number:

Name of EA Personnel, EAP Registration Number and Signature:

APPENDIX 1 – Details

Details of SHN

MDW's date of completing SHN:_____.

Total costs of the MDW's stay at the dedicated SHN facility and related COVID-19 tests:

S\$_____.

Details of employment with the Current Employer

(a) Total cost(s) of the MDW's stay at the dedicated SHN facility and related COVID-19 tests that the Current Employer paid: S\$_____.

(b) Number of months / days that the MDW has worked for the Current Employer:

_____.

(c) Costs to be paid by New Employer to Current Employer (Agreed Amount):

\$_____.