

Key Employment Terms

All fields are mandatory, unless they are not applicable

Issued on:

All information accurate as of issuance date

Section A | Details of Employment

Company Name	Job Title, Main Duties and Responsibilities
Employee Name	<input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment
Employee NRIC/FIN	Duration of Employment
Employment Start Date	Place of Work

Section B | Working Hours and Rest Days

Details of Working Hours	Number of Working Days Per Week
	Rest Day Per Week

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 Date(s) of Overtime Payment																				
Overtime Payment Period <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Basic Salary Overtime Rate of Pay																				
Fixed Allowances Per Salary Period	Fixed Deductions Per Salary Period																				
<table><thead><tr><th>Item</th><th>Allowance (\$)</th></tr></thead><tbody><tr><td> </td><td> </td></tr><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 (\$)							Total Fixed Allowances		<table><thead><tr><th>Item</th><th>Deduction (\$)</th></tr></thead><tbody><tr><td> </td><td> </td></tr><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 (\$)							Total Fixed Deductions	
Item	Allowance (\$)																				
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Other Salary-Related Components	<input type="checkbox"/> CPF Contributions Payable																				

Section D | Leave and Medical Benefits

Types of Leave

Paid Annual Leave
Per Year: _____ (days/hrs)

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

Paid Medical Examination Fee

Other Medical Benefits

Section E | Others

Length of Probation: _____

Probation Start Date: _____

Probation End Date: _____

Notice Period for Termination of Employment

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