Please note

- You can submit an appeal, by completing and submitting this form, for the following:
  1. Under Section 14 of the Employment Act, if you have been wrongfully dismissed by your employer, you can appeal to the Minister for Manpower to be reinstated to your former employment.
  2. Under Section 84 of the Employment Act and Section 12 of the Children Development Co-Savings Act, if you were denied of maternity benefits as a result of a wrongful dismissal.
  3. Under Section 8 of the Retirement and Re-employment Act, if you are below 62 years old and have been dismissed on the ground of age, you can appeal to the Minister for Manpower to be reinstated to your former employment.
  4. Under Section 8B of the Retirement and Re-employment Act, if you have been wrongfully dismissed or were unreasonably denied of re-employment by your employer, you can appeal to the Minister for Manpower to be re-employed.

- You can submit the completed form and supporting documents via:
  o Email: MOM_LRWD@MOM.GOV.SG
  o Mail: LRWD, MOM Services Centre, 1500 Bendemeer Road, S339946

  Please attach a copy of supporting documents, such as your employment contract, dismissal letter, most recent pay slip.

- This appeal form must be received by MOM within 1 month from your last day of employment. For maternity-related appeals, this appeal form must be received by MOM within 2 months from the birth of your child.

Your personal details
Name:________________________________________________________
Gender: Male/Female
Address: ______________________________________________________
NRIC No./FIN: ______________________ Date of birth: ________________
Contact No.:______________________ Email:________________________

Details of employer involved
Company Name:________________________________________________
Address: ______________________________________________________
Name and job title of contact person:____________________________
Contact No.:______________________ Email:________________________

Details of your employment and circumstances of dismissal
Occupation: __________________________ Basic monthly salary: __________
Start date of employment:_______________ End date of employment:_____________

I have read and understood the Note and declare that the above information given is true to the best of my knowledge and belief.

_______________________
Signature & Date

Last updated 21 Nov 2018
Are you a union member? ☐ No ☐ Yes, name of union: ____________________________

Have you sought your union’s assistance? ☐ No ☐ Yes ☐ Not Applicable

What is the notice period required for termination as indicated in your employment contract?
☐ _____ (day)/ _____ (week)/ _____ (month) ☐ No notice period indicated

Did your employer provide any notice or notice pay when your service was terminated?
☐ No ☐ Yes ☐ Short notice of _____ (day)/ _____ (week)/ _____ (month)

Is there any reason cited in the dismissal letter? ☐ No ☐ Yes, pls specify:
______________________________________________________________________________

Is there any payment due under your employment contract that has not been paid following the dismissal (e.g. salary owed)? ☐ No ☐ Yes, please specify the type of payment due and amount owed:
______________________________________________________________________________

Why do you feel that the dismissal was wrongful?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I have read and understood the Note and declare that the above information given is true to the best of my knowledge and belief.

__________________________________________
Signature & Date

Last updated 21 Nov 2018
Section A: Details on Pregnancy *(Note: Please also fill in this section if you were deprived of your maternity leave benefits as a result of the dismissal)*

Expected Date of Delivery: ___________________  
Actual Date of Delivery: ___________________

Date of Certification of Pregnancy by Medical Practitioner: ____________________________

Please provide supporting documents that indicate your expected date of delivery and the date the doctor certified you pregnant.

Child's Citizenship: Singaporean/ Others
Child's Birth Order:  □ 1\(^{st}\)  □ 2\(^{nd}\)  □ 3\(^{rd}\)  □ 4\(^{th}\) and above

Section B: Details of retirement and re-employment *(Note: Please also fill in this section if you believe that you have been unlawfully dismissed on grounds of age. You must be a Singapore citizen or permanent resident to appeal)*

Date of retirement (if applicable): __________________________________________

Nature of dispute (please check at least one box):

☐ Dismissal before retirement
   Start date of re-employment (if applicable): ____________________________
   End date of re-employment (if applicable): ____________________________

☐ Dismissal during re-employment. Please provide a copy of your re-employment contract, if applicable.

☐ Employer did not offer re-employment on alleged grounds of:
   □ Unsatisfactory work performance
   □ Medically unfit to continue working
   □ Others:
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

Before you submit
Before you submit the appeal form, please make sure that you have completed the following:

☐ All required fields in the appeal form have been filled up.
☐ Attach a copy of supporting documents, such as your employment contract, dismissal letter, most recent pay slip.

*I have read and understood the Note and declare that the above information given is true to the best of my knowledge and belief.*

_____________________
Signature & Date

Last updated 21 Nov 2018