

Section A | Details of Employment

Company Name *

sdsfdsf

Job Title, Main Duties and Responsibilities

sdfds

Employee Name*

sdfsdf

Employement Type*

- ☐ Full-Time Employment
- ☐ Part-Time Employment

Employee NRIC/FIN*

Employee NRIC/FIN

Duration of Employment

Duration of Employment

Employment Start Date *

Employment Start Date



Place of Work *

Place of Work

Section B | Working Hours and Rest Days

Details of Working Hours*

Details of Working Hours

Number of Working Days Per Week*

Number of Working Days Per Week

Rest Day Per Week*

Rest Day Per Week

Section C | Salary

Earnings	Amount	Deduction	PF	ESI	Total

Section D | Leave and Medical Benefits

Paid Annual Leave Per Year*

Paid Annual Leave Per Year

Paid Outpatient Sick Leave Per Year*

Paid Outpatient Sick Leave

Paid Hospitalisation Leave Per Year*

Paid Hospitalisation Leave

Other Types of Leave*

Section E | Others

Length of Probation*

a

Probation Start Date*

08/24/2020



Probation End Date*

08/26/2020



Notice Period for Termination of Employment*

a