**Offer of Employment**

Issued on: : <Date of Agreement>

Dear <Employee Full Name>,

We are pleased to extend an offer of employment to you on the following terms and conditions set out in this letter. You will remain as an employee of <Company Name> (“**<Alias Name>**”) throughout the Term subject to the terms herein.

**Section A | Details of Employment**

|  |  |
| --- | --- |
| **Company Name** | <insert details> |
| **Job Title** | <insert details> |
| **Main Duties and Responsibilities** | <insert details>In addition to the above stated duties, you shall undertake such other duties as the Company shall from time to time assign or vest in you. |
| **Employee Name** | <insert details> |
| **Employment Type** | <insert details> |
| **Employee NRIC/FIN** | <insert details> |
| **Commencement Date/Contact Duration****(the “Term”)** | <insert details>The commencement date may be subject to change based on <Company Alias Name>’s sole discretion. |
| **Place of Work** | <insert details> |
| **Attire** | <insert details> |
| **Reporting Details (subject to changes - kindly refer to your email received 1 day before start work)** |
| **Reporting Person Name** | <insert details> |
| **Reporting Person Phone** | <insert details> |
| **Reporting Date & Time** | <insert details> |
| **Reporting Location** | <insert details> |

**Section B | Working Hours and Rest Days**

|  |  |
| --- | --- |
| **Details of Working Hours** | <insert details> |
| **Number of Working Days Per Week** | <insert details> |
| **Break Hour(s)** | <insert details> |
| **Rest Day Per Week** | <insert details> |

**Section C | Salary**

|  |  |
| --- | --- |
| **Salary and Overtime Payment Period** | <insert details>Example: Seven (7) days after the last day of the month or the last day of Assignment (as the case may be) |
| **Basic Salary** | $<insert details> Per <insert details>(Salary is confidential, you should not divulge or discuss with third party) |
| **Overtime Payment Rule** | <insert details> |
| **Bonus** | <insert details> |
| **Fixed Allowances per Salary Period** | <insert details> |
| **Other Salary-Related Components** | <insert details> |
| **Submission of Timesheet Mode**  | <insert details> |

**Section D | Leave and Medical Benefits**

You are entitled to the following benefits after completion of 3 months from the Term unless stated:

|  |  |
| --- | --- |
| **Paid Annual Leave Per Year** | <insert details> |
| **Annual Leave Rule** | <insert details> |
| **Paid Outpatient Sick Leave Per Year** | <insert details> |
| **Paid Hospitalisation Leave Per Year** (Note that paid hospitalisation per year is inclusive of paid outpatient leave. Leave entitlement for part-time employees may be pro-rated based on hours) | <insert details> |
| **Other Types of Leave** | <insert details> |
| **Medical Claim** | <insert details> |
| **Other Benefits** | <insert details> |

**Section E | Others**

|  |  |
| --- | --- |
| **Length of Probation** | <insert details> |
| **Probation Start Date** | <insert details> |
| **Probation End Date** | <insert details> |
| **Notice Period for Termination of Employment**(initiated by either party whereby the length shall be the same) | <insert details> |
| **Others** | <insert details> |

***\* Please refer to www.mom.gov.sg for more details on employment laws, leave benefits.***

**TERMS AND CONDITIONS**

***For full access of the Terms and Conditions, kindly contact BGC to find out more.***

**Prepared By and on behalf of <Company Name>**

**<Sign Off> <Company Stamp>**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**<Full Name>**

**<Job Title>**

**Acknowledgement**

I hereby understand and confirm the acceptance of the terms and conditions of this appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: <insert details>**

**NRIC: <insert details>**

**Date: <insert details>**