**TO CLAIM FOR FLEXIBLE WORK ARRANGEMENT INCENTIVE**

**Name of Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claim for Programme Year:**  \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **TO BE COMPLETED BY EMPLOYEE ON FLEXIBLE WORK ARRANGEMENT**  |
| **Full Name** (as per NRIC): |  | **NRIC Number**: | **Citizenship**: [ ]  SC [ ]  SPR |
| **Email Address:** |  | **Contact Number:**  | **Designation:** |
| **DETAILS OF FLEXIBLE WORK ARRANGEMENT**  |
| I am a/an: [ ]  new user since *(DD/MM/YYYY).*[ ]  existing user since *(DD/MM/YYYY).*The Flexible Work Arrangement I am adopting:[ ]  is on-going.[ ]  has stopped since*(DD/MM/YYYY).* | The Flexible Work Arrangement I am adopting is:**Flexi-Load** [ ]  Part-time [ ]  Job sharing [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Flexi-Time** [ ]  Staggered working hours [ ]  Time-banking[ ]  Compressed work week [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Flexi-Place** [ ]  Telecommuting [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DECLARATION**  |
| I confirm and acknowledge that:1. I am employed on a permanent or at least a twelve (12)-month contract by the company.
2. I have chosen to adopt the Flexible Work Arrangement(s) stated above for a consecutive period of six (6) months or more within the programme year at the company.
3. I have not suppressed any material information, and all information provided is true to the best of my knowledge. I am aware that any false information provided may constitute an offence under the Penal Code (Chapter 224).
4. I agree WSG, it’s appointed auditor and/or nominated representatives shall at any time upon reasonable request be given full access to information deemed necessary for the purposes of conducting effectiveness surveys or audits in relation to the Programme.

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| Employee’s Signature |  | Date |

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| **TO BE COMPLETED BY EMPLOYER** |
| I confirm and acknowledge that:1. The employee stated above has adopted flexible work arrangements for a consecutive period of six (6) months or more within the programme year.
2. I have not suppressed any material information, and all information stated in this form and the accompanying information is true to the best of my knowledge. I am aware that any false information provided may constitute an offence under the Penal Code (Chapter 224).
3. I understand that failure to submit the necessary documents as requested by the appointed WorkPro Programme Partners may render the claim void.
4. I agree that WSG shall be entitled to recover from the company funds provided or disbursed under the enhanced Work-Life Grant in circumstances deemed appropriate by WSG.
5. I agree WSG, it’s appointed auditor and/or nominated representatives shall at any time upon reasonable request be given full access to information deemed necessary for the purposes of conducting effectiveness surveys or audits in relation to the Programme.
6. I understand that the failure to acknowledge and agree to abide by the above statements may render the claim void.

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| Employer’s Signature |  | Date |
|  |  |
| Designation |  |

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*Note: Only ACRA-listed personnel, including the company’s owners, shareholders, directors and managers, may sign this declaration.*