**TO CLAIM FOR JOB SHARING INCENTIVE**

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

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

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| **TO BE COMPLETED BY EMPLOYEE ON JOB SHARING** |
| **Full Name** (as per NRIC): |  | **NRIC Number**: | **Citizenship**: [ ]  SC [ ]  SPR |
| **Email Address:** |  | **Contact Number:**  | **Designation:** |
| **DETAILS OF JOB SHARING**  |
| I have started the job sharing arrangement since*(DD/MM/YYYY).*The job sharing arrangement:[ ]  is on-going.[ ]  has stopped since*(DD/MM/YYYY)* |
| **Gross Monthly Salary before Job Sharing ($):**  | **Gross Monthly Salary after Job Sharing ($):**  | **Working Hours before Job Sharing Per Week:**  | **Working Hours after Job Sharing Per Week:**  |
| **TASKS/RESPONSIBLITIES BEFORE AND AFTER JOB SHARING** |
| **Please list all the tasks performed before job sharing.** **Please highlight those that have been redistributed after job sharing.**1.2.3.4.5.6.7.8. |
| **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 am a full-time employee (≥35 working hours per week) before the job sharing arrangement.
3. I have initiated the job sharing arrangement, and I am in agreement with the reduced workload, working hours and salary (if any reduction of salary).
4. I have adopted the job sharing arrangement for a consecutive period of six (6) months or more within the programme year at the company.
5. I have not suppressed any material information or provided false information, and all information provided or to be provided will be true, complete and correct . I am aware that any false information provided may constitute an offence under the Penal Code (Chapter 224).
6. 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 EMPLOYEE(S) WHO TOOK ON THE REDISTRIBUTED WORK[[1]](#footnote-1)** |
| **Full Name** (as per NRIC): |  | **NRIC Number:**  |  |
| **Email Address:** |  | **Contact Number:** |  |
| I confirm and acknowledge that:1. I am [ ]  an existing employee in the company [ ]  a new hire in the company.
2. I am employed on permanent basis or on employment contracts that are at least twelve (12) months in duration by the company.
3. I have taken on the redistributed tasks/responsibilities from the employee stated above at the company.
4. I have not suppressed any material information or provided false information, and all information provided or to be provided will be true, complete and correct . I am aware that any false information provided may constitute an offence under the Penal Code (Chapter 224).
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.

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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 job shared for a consecutive period of six (6) months or more within the programme year.
2. The company has put in place a formal arrangement to redistribute workload amongst the employees and remunerate accordingly.
3. The redistributed tasks/responsibilities have been taken on by new / existing employee(s) of the company, employed on permanent basis or on employment contracts that are at least twelve (12) months in duration.
4. I have not suppressed any material information or provided false information, and all information provided or to be provided will be true, complete and correct . I am aware that any false information provided may constitute an offence under the Penal Code (Chapter 224).
5. I understand that failure to submit the necessary documents as requested by the appointed WorkPro Programme Partners may render the claim void.
6. I agree that WSG and/or Work-Life Grant Programme Partners shall be entitled to recover from the applicant-company all grants provided or disbursed under Work-Life Grant:
7. if WSG determines in its sole discretion that the applicant-company has suppressed any material information, or provided false information, when submitting this application or the claim for grants;
8. if WSG determines in its sole discretion that any part of the Work-Life Grant was used for any purpose(s) not in accordance with the eligibility criteria, programme requirements and deliverables as notified by WSG and/or Work-Life Grant Programme Partners in this application and from time to time; or
9. there are any circumstances reasonably deemed appropriate by WSG and/or Work-Life Grant Programme Partners.

For the avoidance of doubt, where WSG has not disbursed any part of the Work-Life Grant to the applicant-company, WSG is not obligated to disburse such part of the Work-Life Grant insofar that any event arises or has arisen under sub-clause (a) to (c) above.1. 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.
2. 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, duly authorized by the applicant-company to sign for and on its behalf, may sign this declaration.*

1. All employees taking on the redistributed work will need to sign this declaration form. [↑](#footnote-ref-1)