**TO CLAIM FOR FLEXIBLE WORK ARRANGEMENT INCENTIVE UNDER ENHANCED WORK-LIFE GRANT (COVID-19) PARAMETERS**

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

**LOO Funding Period :**  \_\_\_\_\_\_\_\_\_\_\_\_ 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-Place**  Working-from-Home  **Flexi-Time**  Staggered working hours | | |
| **EMPLOYEE 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 agreed to and adopted the Flexible Work Arrangement(s) stated above on a daily basis, for a period equivalent to one (1) month within the LOO funding period for the company. 3. 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). 4. I agree that 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.  |  |  |  | | --- | --- | --- | |  |  |  | | 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 on a daily basis, for a period equivalent of one (1) month within the LOO funding period for the company. 2. The company has assessed that employees should be on Work-from-home, where practicable. When not practicable, the company has adopted safe-distancing measures at the workplace, and allowed a mixture of work-from-home and staggered hours or staggered hours. 3. 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). 4. I understand that failure to submit the necessary documents as requested by the appointed Work-Life Grant Programme Partners may render the claim void. 5. 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: 6. 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; 7. 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 8. 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.  |  |  |  | | --- | --- | --- | |  |  |  | | 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.*