



Appeal against wrongful dismissal

Please note

- You can submit an appeal, by completing and submitting this form, for the following:
 - Under Section 14 of the Employment Act, if you have been wrongfully dismissed by your employer, you can appeal to the Minister for Manpower to be reinstated to your former employment.
 - Under Section 84 of the Employment Act and Section 12 of the Children Development Co-Savings Act, if you were denied of maternity benefits as a result of a wrongful dismissal.
 - Under Section 8 of the Retirement and Re-employment Act, if you are below 62 years old and have been dismissed on the ground of age, you can appeal to the Minister for Manpower to be reinstated to your former employment.
 - Under Section 8B of the Retirement and Re-employment Act, if you have been wrongfully dismissed or were unreasonably denied of re-employment by your employer, you can appeal to the Minister for Manpower to be re-employed.
 - You can submit the completed form and supporting documents via:
 - Email: MOM_LRWD@MOM.GOV.SG
 - Mail: LRWD, MOM Services Centre, 1500 Bendemeer Road, S339946
- Please attach a copy of supporting documents, such as your employment contract, dismissal letter, most recent pay slip.**
- This appeal form must be received by MOM within 1 month from your last day of employment. For maternity-related appeals, this appeal form must be received by MOM within 2 months from the birth of your child.

Your personal details

Name: _____
Gender: Male/Female
Address: _____
NRIC No./ FIN: _____ Date of birth: _____
Contact No.: _____ Email: _____

Details of employer involved

Company Name: _____
Address: _____
Name and job title of contact person: _____
Contact No.: _____ Email: _____

Details of your employment and circumstances of dismissal

Occupation: _____ Basic monthly salary: _____
Start date of employment: _____ End date of employment: _____

I have read and understood the Note and declare that the above information given is true to the best of my knowledge and belief.

Signature & Date

Have you sought your union's assistance? ☐ No ☐ Yes ☐ Not Applicable

☐ ____ (day)/ ____ (week)/ ____ (month) ☐ No notice period indicated

☐ No ☐ Yes ☐ Short notice of ____ (day)/ ____ (week)/ ____ (month)

Is there any payment due under your employment contract that has not been paid following the dismissal (e.g. salary owed)? ☐ No ☐ Yes, *please specify the type of payment due and amount owed:*

This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal lines, each consisting of three parallel lines: a solid top line, a dashed middle line, and a solid bottom line. These sets are repeated down the entire page to provide a guide for letter height and placement. The background is white, and the lines are printed in a light gray or blue color. There is no text or other markings on the page.

Last updated 21 Nov 2018

Section A: Details on Pregnancy (Note: Please also fill in this section if you were deprived of your maternity leave benefits as a result of the dismissal)

Expected Date of Delivery: _____ Actual Date of Delivery: _____

Date of Certification of Pregnancy by Medical Practitioner: _____

Please provide supporting documents that indicate your expected date of delivery and the date the doctor certified you pregnant.

Child's Citizenship: Singaporean/ Others

Child's Birth Order: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th and above

Section B: Details of retirement and re-employment (Note: Please also fill in this section if you believe that you have been unlawfully dismissed on ground of age. You must be a Singapore citizen or permanent resident to appeal).

Date of retirement (if applicable) : _____

Nature of dispute (please check at least one box):

☐ Dismissal before retirement

Start date of re-employment (if applicable): _____

End date of re-employment (if applicable): _____

☐ Dismissal during re-employment. Please provide a copy of your re-employment contract, if applicable.

☐ Employer did not offer re-employment on alleged grounds of:

☐ Unsatisfactory work performance

☐ Medically unfit to continue working

☐ Others:

Before you submit

Before you submit the appeal form, please make sure that you have completed the following:

☐ All required fields in the appeal form have been filled up.

☐ Attach a copy of supporting documents, such as your employment contract, dismissal letter, most recent pay slip.

I have read and understood the Note and declare that the above information given is true to the best of my knowledge and belief.

Signature & Date