

CCS Insights: Register of Maternity Leave and Allowances

Feel the CCS & Co Difference

All employers are required by the Employment Act to keep a Maternity Register. This Register must be available for inspection by officers of the Department of Labour.

The contents of a Maternity Register, as required by the Employment Act, are as follows:

REGISTER OF MATERNITY LEAVE AND ALLOWANCES

Place of employment:

PART A

(To be completed in respect of a female employee about to leave her employment who reports that she knows or has reason to believe that she will be confined within a period of four months from the date on which she leaves her employment).

- 1) Name and National Registration Identification Card Number.....
- 2) Future address
- 3) Date of leaving employment.....
- 4) Date of notifying pregnancy.....
- 5) Expected date of confinement.....
- 6) Name, National Registration Identification Card Number and address of nominee (if any) appointed to receive maternity allowance under the provision of section 41
- 7) Number of days employed during the

1st	2nd	3rd
4th	5th	6th
7th	8th	9th

 month preceding her departure.

PART B

(To be completed in respect of maternity leave and allowances under the provisions of section 37).

- 1) Name and National Registration Identification Card Number
- 2) Name, National Registration Identification Card Number and address of nominee (if any)
- 3) Date of notifying commencement of maternity leave
- 4) Date on which employee commenced her maternity leave
- 5) Number of days employed during the
1st..... 2nd..... 3rd.....
4th..... 5th..... 6th.....
7th..... 8th..... 7th.....
month preceding confinement.
- 6) Date of confinement
- 7) Date of notifying confinement
- 8) Date on which work was resumed (or date of leaving the employment or date of death)
- 9) Number of consecutive days employee was on maternity leave:
- 10) Ordinary rate of pay of employee per day
 - a) Prior to confinement
 - b) After confinement
- 11) Amount of maternity allowance and date of payment:
 - a) Before confinement RM
 - b) After confinement RM
- 12) If maternity allowance is not paid or not paid in full, state here the reasons
I confirm that the above particulars are correct

Signature of Employer

I confirm that the amounts stated above have been paid to me

Signature of Employee/Nominee

**For further consultation, please
contact:**

Chin Chee Seng

Partner

+6012 365 4331

cschin@ccs-co.com

Jared Low

Assurance Manager

+6018 763 4813

jared@ccs-co.com

Wong Woei Teng

Audit Manager

+6017 237 8233

woeiteng@ccs-co.com

Vivian Lim

HR Manager

+6012 618 6220

vivian@ccs-co.com

CCS & Co

© 2021 CCS. All rights reserved. Not for further distribution without the permission of CCS & Co. "CCS" refers to the network of member firms of CCS & Co. The information contained in the slides represents the views of CCS and does not constitute the provision of professional advice of any kind. The information contained in the slides is based on our interpretation of existing legislation as at the published date. While CCS makes reasonable efforts to provide information which we believe to be reliable, we make no representations or warranties that the information provided is complete, accurate, up to date or non-misleading. The information provided herein should not be used as a substitute for consultation with professional advisers. Before making any decision or taking any action, you should consult a professional adviser who has been provided with all the pertinent facts relevant to your particular situation. No responsibility for loss occasioned to any person action or refraining from action as a result from using the information in the slides can be accepted by CCS.