

Certificate of Service (Sample)

Employer _____¹(Office Address: _____²and
Contact Number: _____³), hereby provides employee
_____⁴ (Holder of Macao I.D. Card No. _____) with
record of his/her data from _____(day/month/year) to
_____(day/month/year)⁵ pursuant to paragraph 1 of Article 13 of Law No.
7/2008 (Labour Relations Law). For detailed information, please see attachment(s).

Employer or his/her representative:

Name _____

Position _____

(Signature and Stamp)

Date: _____
(day/month/year)

¹ Name of employer or company.

² Please indicate employer's correspondence address, office address or address as registered in Application Form for Business Start-up (Declaração de início de actividade).

³ Contact number of employer.

⁴ Name of employee.

⁵ Period involved in record of data requested by employee.

_____ (month/year)

Attachment: Periodic Employment Record of Employee¹ (Sample)

【1. Employee's Information】

Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	(Day/Month/Year)
Macao I.D. Card No.		Contact Number			
Resident Address					
Date of Admission		Professional Grade or Function			
Normal Working Hours	_____ hour(s) per day _____ hour(s) per week Subject to working time schedule -- <input type="checkbox"/> Yes <input type="checkbox"/> No				
Night Work and/or Shift Work ²	<input type="checkbox"/> Night Work: <input type="checkbox"/> With additional remuneration <input type="checkbox"/> Without additional remuneration <input type="checkbox"/> Shift Work: <input type="checkbox"/> With additional remuneration <input type="checkbox"/> Without additional remuneration				

【2. Regular Remuneration Record】

Period Corresponding to Remuneration Received ³	From _____ (Day/Month/Year) to _____ (Day/Month/Year)	
Remuneration ⁴	Item ⁵	Amount ⁶
	(1)	
	(2)	
	(3)	
Deduction ⁷	Item ⁸	Amount
	(1)	
	(2)	
	(3)	
Gross Income	Total Deductions	Net Income

【3. Other Periodic Record】

- 1 According to Article 13 of Law No. 7/2008 (Labour Relations Law), employer is obliged to keep a record of employee's data in books, data cards, or information system.
- 2 Column can be deleted if night work and/or shift work not included.
- 3 Please indicate exact dates by which employer calculates employee's remuneration in space provided.
- 4 Remuneration includes 'basic remuneration' and 'variable remuneration'. Thus, whether remuneration is basic or variable both should be included in receipt (Paragraph 1, Article 58 and Subparagraph 5, Paragraph 6, Article 63 of law mentioned above).
- 5 Please indicate category of remuneration employer pays employee such as basic wage, overtime remuneration (please specify number of overtime working hours) and 13th month pay in space provided.
- 6 Please indicate amount of remuneration, to be paid in patacas (Paragraph 4, Article 63 of law mentioned above) in space provided.
- 7 Deductions from employee's remuneration by employer are allowed under following circumstances (Paragraph 1, Article 64 of law mentioned above):
 - (1) Deductions for contributions to Social Security Fund;
 - (2) Deductions prescribed by law or by final judicial decision (for instance, monthly deduction of professional tax);
 - (3) Deductions for damages caused by employee to employer, by final judicial decision;
 - (4) Deductions for compensation employee owes employer for termination of contract per paragraph 5, Article 72;
 - (5) Deductions for contributions to private pension fund with employee's authorisation;
 - (6) Deductions for absence from work;
 - (7) Deductions for damages caused by fault of employee regarding property, equipment or utensils of employer;
 - (8) Advance payments on account of remuneration.

In addition, the above-mentioned deductions under Items 7 to 8 shall not, either separately or accumulatively, exceed one-sixth of basic remuneration payable to employee.
- 8 Please indicate category of deduction that law allows employer to deduct from employee's remuneration (such as contributions to Social Security Fund and private pension fund with employee's authorisation) in space provided.

Period Corresponding to Following Information		From _____ (Day/Month/Year) to _____ (Day/Month/Year)
Annual Leave	Leave taken during abovementioned period: _____ day(s)	Total leave taken in year: _____ day(s)
Absence from Work	<input type="checkbox"/> Justified absence: _____ day(s) Reason: _____ ⁹	
	<input type="checkbox"/> Unjustified absence: _____ day(s) Reason: _____ ¹⁰	
	<input type="checkbox"/> Paid absence for sickness or accident: _____ day(s)	
Occupational Accident and Disease	<input type="checkbox"/> Yes --- <input type="checkbox"/> Occupational accident <input type="checkbox"/> Occupational disease	
	Brief description of incident: _____ _____	
Others ¹¹	<input type="checkbox"/> No _____ _____	

⁹ Please indicate reason of justified absence in space provided; following considered justified absences (Paragraph 2, Article 50 of law mentioned above):

- (1) Three consecutive working days for death of employee's spouse or parent or a relative within first degree of consanguinity;
- (2) Six consecutive working days for marriage;
- (3) Two working days for reasons of paternity or adoption;
- (4) Twelve working days for father if mother dies in childbirth or during maternity leave;
- (5) Due to pressing need to provide assistance to a member of his/her household, subject to a maximum of twelve working days per calendar year;
- (6) Due to occupational accident or disease;
- (7) Due to accident or sickness, subject to a maximum of thirty consecutive days or forty-five non-consecutive days per calendar year;
- (8) Maximum of three months for disease related to pregnancy, confinement or involuntary abortion;
- (9) For reasons outside employee's control; in particular, reasons of force majeure or complying with legal obligations;
- (10) For participation in work-related examinations on his/her own initiative;
- (11) Other absences approved by employer in advance or subsequently;
- (12) Due to other circumstances defined by law as appropriate.

¹⁰ Please indicate reason of unjustified absence in space provided; all periods of absence not provided for in aforementioned paragraph considered as unjustified absences (Paragraph 3, Article 50 of law mentioned above).

¹¹ Please indicate data provided by employee, in particular contributing to protection of employee's interests.

Employer or his/her representative:

Name _____

Position _____

(Signature and Stamp)

Date: _____

(day/month/year)