[Print on Employer's Let

- << Employee's Name>>
- <<Address>>
- <<Address>>
- <<Post Code>>

<<Date>>

Dear << >>

Re: S

I am writing to inform you of your s determine whether you are fit to co for their health and safety while the safeguard both you and your colle soon as reasonably practicable.

You will be suspended for no more investigated. If it is not possible to suspension period will last for as lethat this suspension is precautional and will not prejudge the outcome

During your suspension you shall terms and conditions of employme

During your suspension, you must

- 1.1 Return your office k
- 1.2 Provide details of you
- Comply with any reyour attending or st
- 1.4 Be available for wor
- 1.5 Refrain from perforr employment) during
- Let the Company kr provide appropriate absence provisions
- Apply for annual lea employment



unds

nding a medical report to we our employees a duty of care this suspension is a neutral act to r to obtain a medical report as

ys while this matter is being <<5>>working days, the be resolved. Please be advised artial investigation to take place

efits in accordance with your

e>>

<<IT Manager>>

Company may specify regarding pany's premises

king hours

mployer or for yourself (self urs

capacitated. If this occurs, please accordance with the sickness yment.

1

visions in your contract of

If you have any questions please

Yours sincerely

<<Name & Title>>

For and on behalf of << Company



me.

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2