[Print on Employer's Let

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

<<Date>>

Dear << >>

A

any Name and Address]

Safety

I am writing to inform you of your s hazardous substances which migh duty of care for their health and sa neutral act to safeguard your healt

Re: Su

You will be suspended for no more investigated. If it is not possible to period will last for as long as it take you shall receive your pay and ber employment.

During your suspension, you must

- 1.1 Return your office k
- 1.2 Provide details of you
- 1.3 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

avoid the danger of exposure to health. We owe our employees a k. As such, this suspension is a

ys while this matter is being
working days, the suspension
solved. During your suspension
your terms and conditions of

le>>

b <<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

S me.

If you have any questions please of

Yours sincerely

<<Name & Title>>

For and on behalf of <<Company

