[Print on Employer's Let

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

<<Date>>

Dear << >>

A

Re

<u>icy</u>

I am writing to inform you of your s which may put you at risk during y working conditions or to put in place on full pay for as long as the risk to employees a duty of care for their suspension is a neutral act to prote

You will be suspended for no more this matter within <<5>> working of the matter to be resolved. Duri benefits in accordance with your te

During your suspension, you must

- 1.1 Return your office k
- 1.2 Provide details of yo
- 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

a hazard has been identified not been possible to adjust your bu, we will need to suspend you born child remains. We owe our ney are at work. As such, this

any Name and Address]

ys. If it is not possible to resolve od will last for as long as it takes shall receive your pay and nployment.

ie>>

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.

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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