

ert Address]

ctors (the Scheme)

hg call on <<insert date>>, under vember 2020 to 30 April 2021, the the Company on reduced hours, heme for the hours you are not ced on July 1 2020. The reduced

rkplace>>, the Company is in a urs with effect from << insert inue] to work on << insert

Il receive your normal rate of pay

r working week i.e. <<state period of the Scheme state that you rlough and so there must be a or the Company and the time ed to work. However, as you hould continue to do all that is irector of the Company in line

num of £2,500 per month>>.

Company is topping up your pay r furlough leave and the hours

<<Name>> <<Title>>

<<Address>>

<<Date>>

•

EITHER

EITHER

OR

<<You will [continue to] be require you are working on flexible furloug assessment which details the step safe and ready for the return of ou

OR

<<You will [continue to] work fro furlough>>.

Flexible furlough is a temporary va and will last until <<state date>>, leavewill continue to accrue durir unaffected.

The Company reserves the right to before this date, subject to <<state

Please sign and date a copy of thi placed][continuing] on flexible furle

Please contact me if you have any

Yours sincerely,

<<Name & Title>>

For and on behalf of <<Company

I agree to [be placed][continuing] d insert date>>. I understand that I r furlough leave, except in line with accordance with the Companies A

Name	
Signed	

Date		
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al workplace during the periods d the company's COVID-19 risk n to ensure that the workplace is

iods you are working on flexible

ms and conditions of employment ngement will be reviewed].Annual your continuity of employment is

al working hours or full furlough

preement to [being

terms of your letter dated << rk for the Company whilst on ector to fulfil my duties in