

[Print on

r insert Address]

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

<<Date>>

Dear << >>

I refer to our [recent meeting] consultations with you when we terminating your employment on the

] on <<Date>> and our earlier Company might have to consider term absence from work.

As you know, you attended a co Company's request. At our m Occupational Health Specialist ag for Work assessment service] tha able to return to work in the immedi

Occupational Health Specialist at the e resulting medical report. The t provided by your GP [and the Fit proving and you are unlikely to be

At our meeting, we also discusse in the Company but, unfortunately that the Company has to give yo with effect from <<Date>>.

le alternative employment for you riate available. I regret, therefore, ur employment with the Company

The Company will make a paymen >> and a payment in lieu of any ac current holiday year. All contractua

eriod of <<e.g. 12 weeks' notice >> statutory holiday entitlement for the n <<date>>.

You have the right to appeal again to appeal, you must do so in writin <<working days>> of receiving this le

ate your employment. If you wish > within <<state number e.g. 5 >> for your appeal.

Yours sincerely

<<Name & Title>>  
For and on behalf of <<Company

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