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| **INSERT YOUR LOGO HERE** |

**LETTER OF SUSPENSION**

Date:

Name:

Position:

Address:

Dear

**SUSPENSION FROM WORK ON FULL PAY: YOURSELF**

Further to our discussions, and the investigation conducted in respect of allegations made against you, this letter serves to confirm your suspension on full pay with immediate effect.

Attached hereto, please find a Notification to attend a Disciplinary Hearing on ............... at which you will be required to answer the charges contained therein. Your attention is drawn to the specific charges and the rights to which you are entitled, both of which are outlined in the Notification.

You will appreciate the seriousness of these charges and, as such, this suspension is being effected in the interests of yourself, the rest of the Company’s employees and the business, and to enable the address of this matter in compliance with the Company’s procedures. You will remain on suspension until such time as the matter has been finalized and will not be permitted to be upon the premises of the Company except for the purpose of attending the Disciplinary Hearing.

Should you, for any reason whatsoever, fail to comply with the instructions contained herein, this may result in further action being taken against you, which may include dismissal. We trust that you will provide your full co-operation in order that this matter may be addressed in accordance with the Company’s well established procedures.

Yours sincerely

**MANAGER**

**SUSPENSION NOTIFICATION ISSUED BY**

Initials & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACKNOWLEDGMENT OF RECEIPT EMPLOYEE**

I, the undersigned, hereby acknowledge receipt of the Notification of Suspension, issued to me on this day. I further acknowledge that the contents of this Notification has been read and explained to me.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_