Written notice of inquiry regarding ill health incapacity - exemplar

[Customise this for your school.]

[On school letterhead]

ABCDE SCHOOL

Date _____

Address of employee _____

_____

_____

Dear _____ (Name of the employee)

NOTICE OF INQUIRY REGARDING ILL HEALTH INCAPACITY IN TERMS OF SECTION 10 OF SCHEDULE 8 OF THE LABOUR RELATIONS ACT OF 1995

This inquiry arises from the previous steps regarding your ill health incapacity. Termination of your contract is a possibility. However, this will only be considered as a last resort: other alternatives to dismissal will form part of the inquiry. Insert details of previous interventions.

We propose that the inquiry be held on _____ (date) at _____ (time) in _____(place).

Please note that you have the right to

1. be assisted or represented at the inquiry by a fellow employee or a trade union representative;
2. call witnesses;
3. question any person called as a witness in support of the matter of your ill health set out in this letter;
4. have access to documents to be produced in evidence;
5. have an interpreter present if the employee so requires.

Yours faithfully

_____ (Name) _____ (Signature)

CONVENOR (for ABCDE School) _____ (Date)

E mail address: _____

Telephone: _____

I, _____ (Employee's name) acknowledge receipt of this

document on this _____ (day) of _____ (month) 20XX.