Written notice of dismissal on the grounds of ill health incapacity - exemplar

[Customise this for your school.]

[On school letterhead]

ABCDE SCHOOL

Date _____

Address of employee _____

_____

_____

Dear _____ (Name of the employee)

DISMISSAL THE GROUNDS OF ILL HEALTH INCAPACITY IN TERMS OF SECTION 10 OF SCHEDULE 8 OF THE LABOUR RELATIONS ACT OF 1995

This letter serves to give you notice that the School Governing Body of ABCDE School has decided, following the inquiry held with you on _____ (date), to terminate your contract as from _____ (date) in terms of section 10 of Schedule 8 of the Labour Relations Act of 1995.

Before reaching this decision, the School Governing Body considered

1. appropriate measures to avoid dismissal

   Briefly say what was done to avoid retrenchment.

2. the impact on your capacity to fulfil he requirements of your post.

   Briefly say why the incapacity was considered be such that the employee was unable to fulfil the requirements of the post.

On termination you will be paid R XXX in lieu of notice and R XXX in lieu of annual leave days not taken.

The school will assist with all the required documentation to be processed for UIF benefits.

We regret that this unavoidable situation has arisen and thank you for your services to the school.

Yours faithfully

_____ (Name) _____ (Signature)

SCHOOL GOVERNING BODY CHAIRPERSON

(for ABCDE School) _____ (Date)

E mail address: _____

Telephone: _____

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

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

As witnessed by

_____ (Witness's name)

_____ (Witness's signature) _____ (Date)