TO BE ISSUED ON THE COMPANY LETTERHEAD

DATE:

NAME OF EMPLOYEE:

**Notice to Attend a Hearing into Ill-health / Injury**

Dear ……

Management is concerned about your ongoing inability to perform your duties due to incapacity.

On …... **(date/s)** management consulted with you about your incapacity and a process to consider options such as securing alternative employment, or adapting your duties or work circumstances in order to accommodate your incapacity was agreed upon and implemented. Regrettably, these attempts to accommodate your incapacity have not been successful.

We accordingly wish to advise that a hearing into your continued incapacity to perform your duties will be convened.

**Details of the Hearing:**

Venue:

Date:

Time:

**Employee’s Rights:**

1. You are entitled to be assisted or accompanied by a fellow employee. Assistance by a trade union representative (shop steward) only applies if a registered trade union has been granted organisational rights to have elected shop stewards for this purpose. A trade union representative who does not satisfy this criterion may only assist you if s/he is a fellow employee.
2. It is your duty to make arrangements for such representation if it is required.
3. If you wish to arrange for the release of your representative to attend the hearing, please notify management at least 24 hours before the time of the hearing.
4. The hearing will be held in English. Should you not understand English well and require an interpreter, please inform management thereof at least 24 hours before the hearing so that the necessary arrangements may be made.
5. You have the right to make representations concerning your ill-health/injury and to call witnesses to give evidence on your behalf.
6. You have the right to bring any relevant documentary evidence that may assist you in the hearing.
7. It is your duty to make arrangements for any witnesses required to be present at the hearing. If you require assistance in this regard you should notify management not later than 24 hours before the hearing.
8. You have the right to question any person giving evidence for the employer.

Note that if you do not attend the hearing without providing a reasonable explanation, the employer will be entitled to proceed with the hearing in your absence.

**Management representative:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

**Kindly confirm that you have received this notice by signing below:**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee’s name and surname), acknowledge receipt of this notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date and time Place

**In the event of the employee refusing to sign:**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm that I have

witnessed a copy of this notice being handed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date and time Place