TO BE ISSUED ON THE COMPANY LETTERHEAD

DATE:

NAME OF EMPLOYEE:

**Notice to Attend a Consultation: Ill-Health / Injury**

Dear ……

Management is concerned about the impact of your ill-health/injury on your ability to perform the functions related to your position.

We accordingly wish to meet with you to discuss this and to determine a way forward.

You may bring all relevant documents that you consider necessary to this consultation.

You may also bring a fellow employee to assist and/or represent you at the consultation.

**Details of the Consultation:**

Venue:

Date:

Time:

**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

**(If employee refuses to sign:)**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (witness’s name and surname), confirm that a copy of this notice was handed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this date and time.

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

Signature Date and time Place