

PERSON\_NUMBER

LETTER\_DATE

# **Private & Confidential**

TITLE FIRST\_NAME LAST\_NAME

ADDRESS\_LINE\_1

ADDRESS\_LINE\_2

TOWN\_OR\_CITY

POSTAL\_CODE

GEOGRAPHY\_NAME

Dear TITLE LAST\_NAME,

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I wish to inform you that in accordance with the Sick Pay Regulations your absence with effect from HALF\_S\_DATE will on half pay.

Please note this does not affect your Statutory Sick Pay, unless notified you may continue to receive SSP if entitled.

If you would like to discuss this change in circumstances further, please do not hesitate to contact me on the number below.

I would like to take this opportunity to advise you that if you are currently attending Occupational Health and there is any possibility that you may be considering ill health retirement, any application for ill health retirement must be made within 6 months of you going on to nil pay. If you do not make your application within this period you will not receive any enhancements that may be payable.

If you notice that you have received payment that you are not entitled to, you must immediately notify your HR Services contact in writing. Knowingly accepting payment you are not entitled to is a disciplinary offence which may result in action being taken against you.

In the meantime, may I express the hope that your health will shortly improve.

Yours sincerely,

HR\_OFFICER