

**TO BE ISSUED ON THE COMPANY LETTERHEAD**

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Employee's name)

**Notice of Termination**

We refer to the incapacity hearing held on \_\_\_\_\_ **(date)**, at which your continued incapacity was discussed.

It has been decided that your services be terminated on notice. Your termination date will therefore be \_\_\_\_\_ **(date)**. You will / will not **(delete that which is not applicable)** be required to work out your notice period.

You will be paid your final salary up to and including the termination date. You will, if you have any accrued annual leave not yet taken, be paid your annual leave, less deductions, on or before \_\_\_\_\_ **(date)**.

If you feel that you have been unfairly treated you are entitled to refer an unfair dismissal dispute to the Commission for Conciliation, Mediation and Arbitration (CCMA) / the \_\_\_\_\_ Bargaining Council **(delete that which is not applicable)** within 30 days of the date of termination of your services. If you intend to refer a dispute, please ensure that when you serve the referral forms on the Company, that you send them to the following email address: \_\_\_\_\_ for the attention of: \_\_\_\_\_.

You are required to return all company property in your possession prior to your termination date, failing which your final payment will be withheld pending such return.

**List company property to be returned:**

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Yours faithfully,

Manager/Director