TO BE ISSUED ON THE COMPANY LETTERHEAD

DATE:

NAME OF EMPLOYEE:

Notice to Attend a Consultation: III-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 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