

TO BE ISSUED ON THE COMPANY LETTERHEAD

To: (Employee's name)

Date: _____

Re: Possible Precautionary Suspension

We hereby inform you of your possible suspension as a result of serious allegations against you relating to:

If this/ these allegation/s are proved it may lead to your dismissal.

We feel that it is necessary to suspend you due to:

- (a) further financial or other losses or harm that may be incurred by the employer due to your continued involvement in the business;
 - (b) the possibility that you may interfere with or hamper further investigations relating to the allegation/s mentioned above.
- (delete that which is not applicable)**

We offer you an opportunity to make representations as to why you should not be suspended.

You are required to make these representations in person / in writing **(delete that which is not applicable)** at _____ (time) on _____ (date) to _____ (name of employer representative).

Should the company decide to suspend you after considering your representations, you will be suspended on full pay while the company investigates this matter further. If necessary, steps will be taken to arrange a disciplinary hearing.

The following conditions will apply in the event of a precautionary suspension:

1. You will not be allowed on company premises or to contact company employees, other than your direct supervisor / manager.
2. Should the investigation conclude that there are sufficient grounds to hold a disciplinary hearing, you will be given reasonable notice of the hearing to allow you time to prepare. You will be allowed supervised access to the workplace, in order to arrange for a fellow employee to represent you and to prepare your response to the allegations made against you (your "defence"). Please contact your direct supervisor / manager to arrange this.
3. You will be required to return all company property in your possession, including but not necessarily limited to the following:

4. You may not contact any customer, client, supplier or service provider of the company.

5. You must remain contactable, and your cell phone must be switched on during working hours to allow us to contact you.

Alternatively:

You must telephone your direct supervisor / manager every working day at 09h00 in order to be updated on the progress of the investigation.

6. You must be available to come to work when required by the employer.

MANAGEMENT REPRESENTATIVE:

Signed (name and title): _____ Date: _____

CONFIRMATION OF RECEIPT BY EMPLOYEE:

I the undersigned _____ (employee's name) hereby
acknowledge receipt of this letter

Signed: _____ Date and time: _____ Place: _____

IF EMPLOYEE REFUSES TO SIGN:

I, the undersigned _____ (witness's name) hereby
confirm that I witnessed a copy of this letter being handed to the employee named above.

Signed: _____ Date and time: _____ Place: _____

Company Decision on Precautionary Suspension

(To be handed to employee after written or oral representation has been received)

After having considered the representation(s) of _____ (employee's name), if any, the employer has decided (**delete that which is not applicable**) -

(a) to proceed with the suspension of _____ (employee's name) with effect from _____ (date); or

(b) not to proceed with the suspension of _____ (employee's name).

Signed: _____

Title: _____

Date: _____