[Print on Co

ert Address1

<<Name>>

<<Title>>

<<Company Name>>

<<Company Address>>

<<Company Address>>

<<Postcode>>

<<Date>>

Dear << Insert Title & Name>>

Re: Termination of Employm

I am writing following our meet requirement for all care home November 2021.

As discussed, we have to ensure not fully vaccinated to work in exemption. You have advised have the COVID vaccination. You means that you cannot converse the November 2021.

Although we have considered Company, we have not been a vaccination is not required. Un end on <<insert date>>(the Te

You are entitled to <<insert nu employment. [EITHER: As you period, you will receive pay an Date].

OR

[As your Termination Date falls receive pay and benefits in the <<£state amount>>in respect

You will be paid in lieu of <<instantant lieu of <</td></or>

hen we discussed the against COVID-19 by 11

re do not allow staff that are they have a medical inated and do not intend to ou are not medically exempt. I your current role from 11

rtunities for you within the alternative role where ur employment with us will

the termination of your after the expiry of your notice vay up to your Termination

r notice period you will ermination Date and be paid tice period.]

crued and unused annual alary payment, less income

You must return all Company the Termination Date.

You have the right to appeal a appeal, you should do so in we letter to <<state job title e.g. th appeal.

I would like to thank you for yo

Yours sincerely,

<<Name & Title>>

For and on behalf of <<Compa

le e.g. the HR Manager>>by

miss you. If you wish to per>>days of receipt of this g out the grounds for your

y best wishes for the future.

