[_Print or_ **[**_insert Address_**]**

<<Employee's Name>>
<<Address>>
<<Address>>
<<Postcode>>

<<Date>>

Dear <<Name>>,

As you know, you have been ab   <Insert Date>> because <<insert reason for sickness absence>>.

EITHER

[Your most recent fit note expire   nd we have not received another medical certificate to cover your   ence. Unfortunately, as we have not received an up-to-date fit note   to pay you [Statutory Sick Pay] or [Company Sick Pay] with effect fro

OR

[As your sickness absence has l   ven days, the absence cannot be covered by a self-certification fo   ide a fit note from your doctor. Unfortunately, without a fit note w   [Statutory Sick Pay] or [Company Sick Pay] with effect from <<Insert

On receipt of the fit note or medica   l be made to cover the duration of your sickness absence.

If you have any queries in respect   k pay, please contact me.

Yours sincerely,

<<Name>>
<<Title>>