

**NOTIFICATION OF TEMPORARY SUSPENSION OF WORK**

Please note that the Temporary and or Contract Employee (Assignee) or Permanent Employee to whom this letter is issued must have with them a form of identification, to be presented together with this letter.

I,

|  |  |
| --- | --- |
| Surname |       |
| Full Names |       |
| ID Number |       |
| Position  |       |
| Contact Details | Cell. Nr | Tel. Nr (w) | Tel. Nr (h) | Email address |
|       |       |       |       |

hereby confirm that the following Employee is currently temporarily not required work due to the Coronavirus (COVID-19):

|  |  |  |
| --- | --- | --- |
| **SURNAME OF EMPLOYEE** | **FULL NAMES OF EMPLOYEE** | **IDENTITY NUMBER** |
|       |       |       |
| Expected duration of suspension due to Corona Virus: |
| From (date): |       |
| To (date): |       |

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , on this the \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020.

Official Stamp of Institution:

SIGNATURE