A close up of a sign

Description generated with very high confidence

**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