[*Insert name*]

[*Insert address*]

[*Insert date*]

Dear [*insert name*],

I hope this letter finds you well and you are making good progress towards recovery.

According to our records, you have been absent from work since [*insert date*] due to [*insert reason for absence*].

[*Choose from examples below and delete as appropriate*:]

[*FIT NOTE EXPIRED*:]

You sent us a fit note stating [*nature of illness*] dated [*insert date*] covering your absence for a period of [*days/weeks*]. However, since this medical certificate expired on [*insert date*], we have not received another one from you. We understand you have been in contact with [*name*], to inform us of your continued absence from work, however we require this to be confirmed by means of a fit note from your doctor, as outlined in your terms and conditions of employment.

As we have not received an updated fit note from you, we are unable to pay you *SSP and/or company sick pay* with effect from and including [*insert date*].

Should a fit note be provided, we will ensure payment is made to cover the duration of your absence.

Or:

[*NO FIT NOTE PROVIDED*:]

We understand you have been in contact with [*name*], to inform us of your absence from work. However, as this absence has lasted for longer than the 7-day period of self-certification, we require it to be confirmed by means of a fit note from your doctor, as outlined in your terms and conditions of employment.

Without an up-to-date fit note, we are unable to pay you *SSP and/or company sick pay* with effect from and including [*insert date*].

Should a fit note be provided, we will ensure payment is made to cover the duration of your absence.

Or:

[*FIT NOTE UNACCESSIBLE*:]

You sent a fit note to [*name*] via [*insert details, e.g. email/text etc*]. Unfortunately, we are unable to access its contents because [*insert details, e.g. the fit note is encrypted/requires a password to open/the display is blurry etc*].

Without an accessible fit note, we are unable to pay you *SSP and/or company sick pay*. As such, please ensure a copy is provided as soon as possible and in a way which allows us to view its information in full.

Or:

[*WAITING DAYS NOT SERVED*:]

Statutory Sick Pay (SSP) is not payable for the first three qualifying days (normal working days) of sickness, these are called waiting days. Since you were off for a total of [*insert number, fewer than 4*] working days, you do not meet the eligibility criteria to receive statutory sick pay. As such, your absence from work will be unpaid.

Or:

[ELIGIBLITY NOT MET FOR CONTRACTUAL SICK PAY:]

In line with our sickness absence policy, employees are entitled to receive company sick pay [*insert details, e.g. once they have reached 6 months’ service*]. Company sick pay is paid at a rate of [*insert details of scheme*].

Unfortunately, since you have only worked with [*insert Company*] for [*insert number of weeks/months/years*], you do not meet the eligibility requirements for contractual sick pay. However, you are entitled to receive Statutory Sick Pay (SSP) for your period of absence. This is currently paid at a rate of [*insert weekly rate*].

[*Optional - amend as appropriate*:]

Either:

We are keen to support you as much as possible in the workplace [*and help facilitate your return to work*], so are looking forward to the wellbeing meeting we have arranged with you, which is due to take place on [*insert date*]. In this, we can discuss any reasonable adjustments that would be of benefit to you.

[*OR*]

 We are keen to support you as much as possible in the workplace so will arrange a return-to-work meeting with you when you are fit and ready to do so. In this, we can discuss any reasonable adjustments you feel would be of benefit.

If you have any questions regarding the contents of this letter, please do not hesitate to contact me.

Yours sincerely,

[Insert name]

[Insert job title]