**Appendix 11**

**MODEL LETTER CONFIRMING OUTCOME OF CAPABILITY APPEAL HEARING**

|  |  |
| --- | --- |
|      |  |
| **PERSONAL** |  |

Dear

**CONFIRMATION OF OUTCOME OF APPEAL HEARING**

On \_\_/\_\_/\_\_ (*date of letter*), you appealed against the decision of the Capability Hearing that your employment be terminated on grounds of lack of capability.

I heard the appeal on \_\_/\_\_/\_\_ (*date of hearing*) in the presence of\_\_\_\_\_\_\_\_\_\_ (*names of officers present, including companions if applicable*).

I reconvened the appeal hearing on *(date of hearing)* to announce my decision.

**Outcome of appeal hearing**

Having given full consideration to the issues that emerged during the course of the appeal hearing, I confirm that the decision to terminate your employment *stands\* / is revoked\* (specify if no action is to be taken or what the alternative action is if that is to apply)* .

**Reasons for my decision**

My reasons for arriving at this decision are, and the factors that I considered relevant were:

*(To insert reasons and relevant factors)*

You have now exercised your right of appeal under the Council’s Managing Substance Misuse Procedure and my decision is final.

Yours sincerely,

**NAME OF OFFICER CONDUCTING MEETING**

|  |  |
| --- | --- |
| Copy to: | Personal File |
|  | HR Adviser |

**Notes:**

\* the wording should be amended as appropriate