Appendix B

|  |  |  |
| --- | --- | --- |
| Your Ref.Our Ref.ContactEmailDirect DialDirectFax |  |  |
| DateCONFIDENTIALName of EmployeeAddress of Employee |  |
|   |

Dear Employee

**Extension of Occupational Sick Pay**

I write to advise you that you will receive an extension of occupational sick pay, as approved by the Chief Officer - People and Organisational Development.

<Insert details of the extension granted>

Yours sincerely