Appendix B

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| --- | --- | --- | --- |
| Your Ref.  Our Ref.  Contact  Email  Direct Dial  DirectFax |  | |  |
| Date CONFIDENTIAL Name of Employee  Address 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