

ST CLARE CATHOLIC MULTI-ACADEMY TRUST
SICKNESS ABSENCE POLICY AND PROCEDURE
TEMPLATE LETTERS

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NOTES TO USERS:

You must either complete or delete the information highlighted in yellow in these template letters before sending them. You may also feel that additional information should be included in some of the letters in order to ensure that the employee has all of the information that they need. Dismissals in response to sickness absence must be handled sensitively and carefully and academy trust companies must take appropriate advice in order to ensure that the correct amount of detailed information is contained in these letters. Sickness absence issues can be varied, and it is important that each individual employee's circumstances are considered carefully and responded to appropriately.

Please pay specific attention to who is sending each letter and ensure that it fits with your governance structure and the table in paragraph 8 of your adopted Sickness Absence Policy and Procedure.

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1. LETTER – REFERRAL TO OCCUPATIONAL HEALTH

Dear Sirs

Name of Employee: [NAME]

Date of Birth: [DOB]

In relation to the above-named employee, please provide an occupational health report to advise us on:

1. What medical conditions, if any, are contributing to the employee's absence from work.
2. How long this condition may last.
3. What steps the employee and the employer can take to facilitate a significant improvement in attendance or a full return to work
4. Whether, given any relevant side effects of the condition or medication prescribed, the employee is medically suitable to work with children.
5. [Whether the employee is well enough to attend a [disciplinary/capability/grievance/sickness absence] hearing.]
6. [IF THE REPORT SHOULD FOCUS ON ANY OTHER SPECIFIC POINTS INCLUDE THAT INFORMATION HERE].

We enclose [DELETE OR ADD TO THIS LIST AS APPROPRIATE]:

- a. The employee's attendance record for the past [12 months];
- b. All doctor's notes relating to absence in the last [12 months];
- c. All self-certificates relating to absence in the last [12 months];
- d. Any notes of return to work discussions.

[INCLUDE ANY OTHER INFORMATION HERE IN RELATION TO THE REASON FOR THE REFERRAL, JOB DESCRIPTION, PERFORMANCE ISSUES, STAGE OF SICKNESS ABSENCE REVIEW AND ANY SPECIFIC ASPECT OF THE ROLE CAUSING ISSUES].

Please contact the employee directly at [HOME ADDRESS] or on [HOME PHONE NUMBER/MOBILE NUMBER] to arrange a suitable appointment.

If you wish to obtain medical reports from the employee's own GP or consultants, please make the appropriate arrangements under the Access to Medical Reports Act 1988 with the employee directly.

We do not wish you to give an opinion on whether the employee is a person with a disability within the meaning of the Equality Act 2010 as that is a mixed question of fact and law.

Yours faithfully

[NAME]

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Encs.

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2. LETTER TO EMPLOYEE – REFERRAL TO OCCUPATIONAL HEALTH

Dear **[NAME]**

Referral to Occupational Health

In accordance with the Trust's Sickness Absence Policy and Procedure, a copy of which is enclosed, we would like to obtain an occupational health report in order to help advise us in relation to your absence from work.

[INSERT DETAILS OF OCCUPATIONAL HEALTH] will be contacting you to arrange a medical examination. We enclose a copy of the letter we have sent to occupational health which provides details of the advice we have requested and lists the documentation that we have provided in advance of the medical examination.

If you decide not to co-operate with this request for a medical examination, or if you fail to provide occupational health with any or all of the information they ask for, this could prejudice you in any Formal Absence Review Meetings as the Trust will have to rely on the information that is available at the time.

Occupational Health may wish to contact your GP or other consultants for a medical report, and they will contact you directly to obtain your consent under the Access to Medical Reports Act 1988.

You may be able to obtain support from Education Support, who can be contacted on 08000 562 561. **[INSERT DETAILS OF ANY LOCAL COUNSELLING OR SUPPORT SERVICES AVAILABLE TO ACADEMY TRUST COMPANY STAFF]**.

If you have any questions in relation to the occupational health referral, please let me know.

Yours sincerely

[NAME]

Enc. Sickness Absence Policy and Procedure

Letter to occupational health and enclosures

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3. LETTER TO EMPLOYEE – INFORMAL APPROACH

Dear **[NAME]**

Informal Absence Discussion

Thank you for meeting with me on **[DATE]** to informally discuss your recent absence. In accordance with the Trust's Sickness Absence Policy and Procedure, a copy of which is enclosed, I attach a note of our discussion and you now have an opportunity to provide your written comments on the note prior to it being included in your personnel file. If you have any written comments to make I would be grateful if you could let me have them by **[DATE]**.

As you will see, the note includes details of the strategies that were agreed with you to help improve and maintain your attendance, along with a timescale for improvement. We will review your progress on **[DATE]**.

Please note that in accordance with the Trust's Sickness Absence Policy and Procedure, periods of absence that are dealt with using an informal approach count towards review points.

If you have any questions, please let me know.

Yours sincerely

[NAME]

Enc. Sickness Absence Policy and Procedure

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4. LETTER TO EMPLOYEE – RETURN TO WORK DISCUSSION

Dear **[NAME]**

Return to Work Discussion

Thank you for meeting with me on **[DATE]** for a return to work discussion. In accordance with the Trust's Sickness Absence Policy and Procedure, a copy of which is enclosed, I attach a note of our discussion and you now have an opportunity to provide your written comments on the note prior to it being included in your personnel file. If you have any written comments to make I would be grateful if you could let me have them by **[DATE]**.

[INCLUDE HERE ANY FURTHER COMMENTS THAT YOU WOULD LIKE TO MAKE ABOUT THE MATTERS DISCUSSED IN THE RETURN TO WORK DISCUSSION].

[As I explained during the return to work discussion, the level of your absence means that a review point has been reached and you should expect to receive an invitation to a Formal Absence Review Meeting.]

If you have any questions, please let me know.

Yours sincerely

[NAME]

Enc. Sickness Absence Policy and Procedure

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5. LETTER TO EMPLOYEE – FORMAL ABSENCE REVIEW MEETING

Dear **[NAME]**

Formal Absence Review Meeting

In accordance with the Trust's Sickness Absence Policy and Procedure, a copy of which is enclosed, you are required to attend a Formal Absence Review Meeting on **[DATE]** at **[TIME]** at **[VENUE]**.

You have been asked to attend this meeting because you have been off work due to illness

[for 10 or more Working Days in any 12-month period, accrued over 3 or more periods of absence]OR

[for 6 or more Working Days in any 4-month period accrued over 2 or more periods of absence] OR

[for 2 periods of sickness absence of 4 or more Working Days in any 12- month period] OR [insert other intermittent sickness pattern]

[for [4] Working Weeks continuously] OR

[in such a way that you have not met the attendance standards set out in the Stage 1 Absence Letter of [DATE] which required that you [provide details of the requirements that have not been met].

I enclose an Absence Report as required by the Trust's Sickness Absence Policy and Procedure.

The Formal Absence Review Meeting is your opportunity to:

- Comment on the contents of the Absence Report
- Present any medical evidence you think is relevant
- Inform us of any personal concerns you may have regarding your health and your ongoing suitability to work with children
- Make suggestions about managing your return to work including any phased return to work, flexible working or, change or reduction in duties and/or working hours
- Make suggestions of other reasonable adjustments that could be made

Any evidence you wish to present at the Formal Absence Review Meeting should be provided to me at least two Working Days prior to the meeting, therefore by **[INSERT DATE]**.

You may be accompanied by a Companion who can be a trade union official, accredited representative of a trade union or other professional association of which you are a member, or a willing work colleague. Note that your Companion cannot answer questions

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for you, and you must notify me of their identity by at least the Working Day before the meeting, therefore by **[INSERT DATE]**.

If you consider yourself to be a person with a disability and there are reasonable adjustments you believe I can make to accommodate your disability either at the Formal Absence Review Meeting or in relation to the operation of the Trust's Sickness Absence Policy and Procedure more generally, please do let me know as soon as possible.

You may be able to obtain support from Education Support, who can be contacted on 08000 562 561. **[INSERT DETAILS OF ANY LOCAL COUNSELLING OR SUPPORT SERVICES AVAILABLE TO ACADEMY TRUST COMPANY STAFF]**.

You should note that, in accordance with the Trust's Sickness Absence Policy and Procedure, a failure to return to work with a resumption of full duties may lead to your employment eventually being terminated.

Yours sincerely

[NAME]

Encs: Sickness Absence Policy and Procedure

Absence Report

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6. LETTER TO EMPLOYEE – OUTCOME OF FORMAL ABSENCE REVIEW MEETING

Dear **[NAME]**

Outcome of Formal Absence Review Meeting

I write to confirm the outcome of the Formal Absence Review Meeting held on **[DATE]**. In accordance with the Trust's Sickness Absence Policy and Procedure, I enclose a copy of the notes of the meeting.

Having considered:

- (a) The Absence Report;
- (b) The medical evidence presented; and
- (c) The comments made by you in the Formal Absence Review Meeting

I have concluded that **[no action is required and therefore this matter is now closed] [reasonable adjustments are appropriate] [reasonable adjustments are not appropriate] [and] [you should be provided with a Sickness Absence Letter] [INSERT A BRIEF SUMMARY OF THE CONCLUSION HERE.]**

No Action is Required

I have concluded that no action is required and therefore no further action will be taken pursuant to the Trust's Sickness Absence Policy and Procedure. The reason for this conclusion is that **[INSERT DETAILS]**.

Reasonable Adjustments

The following reasonable adjustments will be made to your working arrangements to assist in significantly improving your attendance and ensuring that you are able to fully meet the requirements of your role:

[INSERT DETAILS]

We have not been able to identify any reasonable adjustments to your working arrangements to assist in significantly improving your attendance and ensuring you are able to fully meet the requirements of your role. **[PROVIDE SOME DETAIL HERE AS TO WHY THIS IS THE CASE]**.

You have suggested the following adjustments to your working arrangements:

[INSERT DETAILS]

I do not believe your proposed arrangements are reasonable because **[INSERT DETAILS HERE]**.

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Sickness Absence Letter

[FOR PERSISTENT INTERMITTENT ABSENCE: Given your absence record, which is detailed in the Absence Report, I am issuing you with a Stage 1 Absence Letter. If you are absent from work for two or more Working Days due to sickness in the next 6 months, you may be invited to a further Formal Absence Review Meeting where you may be at risk of being issued with a Stage 2 Absence Letter. Please note that the two or more Working Days' absence do not need to be consecutive. [I also enclose an action plan which provides details of the improvements necessary to achieve satisfactory levels of attendance and the timescale for improvement including details of the support and training to be provided].

OR

[FOR LONG TERM ABSENCE: Given your absence record, which is detailed in the Absence Report, I am issuing you with a Stage 1 Absence Letter. If you are not fully back to work within [4 to 12] Working Weeks, then you may be subject to a further Formal Absence Review Meeting which may result in an occupational health referral and/or the issuing of a further Stage 1 Absence Letter or a Stage 2 Absence Letter. I have set this period taking into account the medical evidence.] [You are currently fully back at work, but if you are absent from work for one or more Working Weeks in the next six months, you may be invited to a further Formal Absence Review Meeting where you may be at risk of being issued with a Stage 2 Absence Letter].

OR

[FOR PERSISTENT INTERMITTENT ABSENCE: I am issuing you with a Stage 2 Absence Letter. If you are absent from work at all due to sickness in the next 6 months, you may be referred to the Final Absence Reviewer who will invite you to a Final Absence Review Meeting which could lead to your dismissal. [I also enclose an action plan which provides details of the improvements necessary to achieve satisfactory levels of attendance and the timescale for improvement including details of the support and training to be provided]. **OR**

[FOR LONG TERM ABSENCE: I am issuing you with a Stage 2 Absence Letter. [If you are not fully back to work within [4 to 12] Working Weeks, then you may be referred to the Final Absence Reviewer who will invite you for a Final Formal Absence Review Meeting which could lead to your dismissal. I have set this period taking into account the available medical evidence.] [You are currently fully back at work, but if you are absent from work for one or more Working Weeks in the next six months, you may be invited to a Final Formal Absence Review Meeting which could lead to your dismissal.]

You have the right of appeal against this decision. If you wish to appeal, you should notify the Clerk to the Board of Directors of the Trust in writing setting out your grounds of appeal. Any appeal should be lodged within 5 Working Days of the date of this letter and therefore by **[INSERT DATE]**.

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You may be able to obtain support from Education Support, who can be contacted on 08000 562 561 **[INSERT DETAILS OF ANY LOCAL COUNSELLING OR SUPPORT SERVICES AVAILABLE TO ACADEMY STAFF].**

Yours sincerely

[NAME]

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7. LETTER TO EMPLOYEE – INVITATION TO FURTHER ABSENCE MEETING

Dear **[NAME]**

Invitation to Further Absence Review Meeting

You were issued with a Stage 1 Absence Letter on **[INSERT DATE]**. Unfortunately, I note that your attendance has not met the standards set out in the Stage 1 Absence Letter in that **[INSERT A BRIEF SUMMARY OF THE ISSUES SINCE THE STAGE 1 ABSENCE LETTER]**.

Accordingly, in accordance with the Trust's Sickness Absence Policy and Procedure, you are invited to a further Formal Absence Review Meeting on **[DATE]** at **[TIME]** at **[VENUE]**. The Absence Reviewer will be **[INSERT NAME(S)]**.

At the further Formal Absence Review Meeting you may be at risk of being issued with a Stage 2 Absence Letter.

You may be accompanied by a Companion who can be a trade union official, an accredited representative of a trade union or other professional association of which you are a member, or a willing work colleague. Note that your Companion cannot answer questions for you, and you must notify me of their identity at least the Working Day before the meeting, therefore by **[INSERT DATE]**.

If you consider yourself to be a person with a disability and there are reasonable adjustments you believe I can make to accommodate your disability either at the further Absence Review Meeting or in relation to the operation of the Trust's Sickness Absence Policy and Procedure more generally, please do let me know as soon as possible.

You may be able to obtain support from Education Support, who can be contacted on 08000 562 561. **[INSERT DETAILS OF ANY LOCAL COUNSELLING OR SUPPORT SERVICES AVAILABLE TO ACADEMY STAFF]**.

Yours sincerely

[NAME]

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8. LETTER TO EMPLOYEE – INVITATION TO MEETING WITH FINAL ABSENCE REVIEWER

Dear **[NAME]**

Invitation to Absence Review Meeting with Final Absence Reviewer

You were issued with a Stage 2 Absence Letter on **[INSERT DATE]**. Unfortunately, I note that your attendance has not met the standards set out in the Stage 2 Absence Letter in that **[INSERT A BRIEF SUMMARY OF THE ISSUES SINCE THE STAGE 2 ABSENCE LETTER]**.

Accordingly, in accordance with the Trust's Sickness Absence Policy and Procedure, you are invited to a Final Absence Review Meeting on **[DATE]** at **[TIME]** at **[VENUE]**. The Final Absence Reviewer will be **[INSERT NAME(S)]**.

Please note that where improvements to absence levels have not been sustained, in addition to the formal responses of (i) no case to answer (ii) making reasonable adjustments to your working arrangements, (iii) issuing a Stage 1 Absence Letter or (iv) issuing a Stage 2 Absence Letter, the Final Absence Reviewer may, at this stage of the process, terminate your employment in accordance with the provisions of your contract of employment.

You may be accompanied by a Companion who can be a trade union official, an accredited representative of a trade union or other professional association of which you are a member, or a willing work colleague. Note that your Companion cannot answer questions for you, and you must notify me of their identity at least the Working Day before the meeting, therefore by **[INSERT DATE]**.

If you consider yourself to be a person with a disability and there are reasonable adjustments you believe I can make to accommodate your disability either at the Final Absence Review Meeting or in relation to the operation of the Trust's Sickness Absence Policy and Procedure more generally, please do let me know as soon as possible.

You may be able to obtain support from Education Support, who can be contacted on 08000 562 561. **[INSERT DETAILS OF ANY LOCAL COUNSELLING OR SUPPORT SERVICES AVAILABLE TO ACADEMY STAFF]**.

Yours sincerely

[NAME]

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9. LETTER TO EMPLOYEE – NOTIFICATION OF DISMISSAL

Dear **[NAME]**

Notification of Dismissal

I am writing to confirm the outcome of the Final Absence Review Meeting held on **[DATE]**.

Following consideration of the Absence Reports, the medical evidence provided and the discussions which took place in the Final Absence Review Meeting, the Final Absence Reviewer has decided that your employment should be terminated in accordance with the notice provisions in your contract of employment which means your last day of employment will be **[DATE]**.

The reason for your dismissal is due to:

[Your persistent unreasonable breach of the Sickness Absence Policy and Procedure]

OR

[the fact that taking into account all of the medical evidence, there is no realistic prospect of you being able to carry out your duties even with reasonable adjustments in place]

[You are required to attend work as normal during that period].

OR

[You are not required to attend work as normal during your notice period and will be placed, in effect, on garden leave and will receive your pay and benefits for the remainder of your notice period. During your period of garden leave, you should not contact anyone connected with the Trust without my prior permission. During this period, you are bound by the terms of your contract of employment and you should make yourself available to answer queries on the telephone during your normal working hours].

OR

[In accordance with the payment in lieu of notice clause in your contract of employment, the Trust will be bringing your contract to an end with immediate effect].

You have the right to appeal against this decision. If you wish to exercise that right of appeal, you should do so by writing to the Clerk to the Board of Directors of the Trust setting out the grounds of your appeal. Any appeal should be lodged within 10 Working Days of the date of this letter and therefore by **[INSERT DATE]**.

Yours sincerely

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[NAME]

**Chair of the Directors Absence Panel/Chief Executive Officer/Chair of Governors'
Absence Panel**

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10. LETTER TO EMPLOYEE – RECEIPT OF APPEAL

Dear **[NAME]**

Receipt of Appeal

Thank you for sending me your appeal against the formal sanction imposed under the Trust's Sickness Absence Policy and Procedure following the recent **[Formal/Final]** Absence review Meeting held on **[DATE]**.

Under the Trust's Sickness Absence Policy and Procedure, the Directors' Appeal Panel will consider your appeal. This Appeal Meeting will take place on **[DATE]** at **[TIME]** at **[VENUE]** which falls within the [20] Working Day period set out in the policy.

The Directors' Appeal Panel will comprise the following directors:

- **[INSERT PANEL MEMBER NAMES]**

You should provide any evidence you wish to present at your appeal at least 2 Working days prior to the Appeal Meeting, therefore by **[INSERT DATE]**.

If you consider yourself to be a person with a disability and there are reasonable adjustments you believe I can make to accommodate your disability in relation to the Appeal Meeting, please do let me know as soon as possible.

You may be accompanied by a Companion who can be a trade union official, an accredited representative of a trade union or other professional association of which you are a member, or a willing work colleague. Note that your Companion cannot answer questions for you, and you must notify me of their name at least the Working Day before the meeting, therefore by **[INSERT DATE]**.

[Should your appeal be successful, you will be reinstated with no break to your continuous service].

Yours sincerely

[NAME]

Clerk to the Board of Directors

11. LETTER TO EMPLOYEE – OUTCOME OF APPEAL – NO CHANGE

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Dear **[NAME]**

Outcome of Appeal

Further to the Appeal Meeting on **[DATE]**, I can confirm, on behalf of the Directors' Appeal Panel, that it has been decided to uphold the original decision and to reject your appeal. The sanction imposed by the **[Absence Reviewer / Final Absence Reviewer]** will therefore be upheld.

[In providing your grounds for appeal, you have not presented any new facts or information that had not already been taken into account when the decision was made].

OR

[The information you have provided in your grounds for appeal does not add anything material to the facts which would warrant further investigation].

There is no appeal against our decision.

Yours sincerely

[NAME]

Chair of Directors' Appeal Panel/Director/Chief Executive Officer/Chair of the Governors' Appeal Committee

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12. LETTER TO EMPLOYEE – OUTCOME OF APPEAL – ALTERNATIVE SANCTION/SANCTION WITHDRAWN

Dear **[NAME]**

Outcome of Appeal

Further to the Appeal Meeting on **[DATE]**, I can confirm, on behalf of the Directors' Appeal Panel, that the Panel has decided to **[apply an alternative sanction to the formal sanction imposed on you following the [Formal/Final] Absence Review Meeting] [that the sanction imposed by the [Absence Reviewer/Final Absence Reviewer] should be withdrawn and no further action should be taken pursuant to the Trust's Sickness Absence Policy and procedure].**

[The sanction to be applied is:

INSERT DETAILS HERE].

Please note that this process has not affected your continuous employment and associated rights.

The decision to apply an alternative sanction is based on a review of the facts, having regard to the information you have provided in your grounds for appeal. In particular, **[INSERT REASONING BEHIND THE DECISION, WHICH SHOULD RELATE TO THE POINTS RAISED DURING THE APPEAL PROCESS].**

Yours sincerely

[NAME]

Chair of Directors' Appeal Panel/Director/Chief Executive Officer/Chair of Governor's Absence Panel