Highlighted text is to be completed with relevant information.

**Green** text are optional clauses. Convert to match black font or delete clause if not applicable.

**Red** text are guidance notes and need to be deleted along with this text box.

Date

Employee name

Address line 1

Address line 2

STATE Postcode

**BY HAND/ EMAIL: email address if applicable**

Dear Employee Name,

**Formal Notification of Stand Down**

I am writing to confirm that with immediate effect you are to be stood down without pay, due to the Government direction that businesses such as ourselves cannot operate after DATE in an effort to control the spread of coronavirus.

I can confirm that there is no other part of the business in which you can perform work.

Given that this stoppage of work has occurred for reasons outside of our control, in accordance with section 524 of the *Fair Work Act 2009* (“the Act”) you will be stood down without pay for the period of the stoppage.

Should there be any matters raised in this letter that you wish to discuss, please do not hesitate to contact me.

Yours sincerely,

Signatory Name

Signatory Title

**Employer name**