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| **Private and Confidential** | **School Address** |

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| Your Ref**: Personnel number** | |  | Date: | |
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Dear

**Entitlement to Full Pay**

With reference to your current absence from work due to sickness, I am writing to confirm that, if you are still absent, your entitlement to full contractual sick pay will cease on **Last day of full pay (A)**.

With effect from **First day of half pay (B)** you are entitled to **Length of Half pay (B-C)** at half pay. Should you remain absent from work your entitlement to contractual half pay will cease on **Last day of Sick pay (C)**.

You may also be entitled to Statutory Sick Pay and if so this will be shown on your payslip once you are no longer receiving full pay. If you are not entitled to Statutory Sick Pay then an SSP1 form will be sent, or has been sent, to you confirming the reasons why.

Should you have any queries regarding this letter, please don’t hesitate to contact me.

Yours sincerely

**Administrator, School Name**