

Employment Suspension Notification

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We regret to inform you that, effective [Start Date of Suspension], your employment with [Company Name] will be temporarily suspended due to [reason for suspension]. This decision was made after careful consideration of [specific details, if necessary].

Return-to-Work Plan

To facilitate your return to work, we have developed the following plan:

1. Duration of Suspension: [Number of Weeks/Days]
2. Review Period: [Start and End Dates of Review Period]
3. Conditions for Return: [Outline any conditions that need to be met for return]
4. Scheduled Meeting Date: [Date to discuss return and any further actions]

Please confirm your understanding of this suspension and the return-to-work plan by signing below and returning a copy to the HR department.

We hope to resolve this matter promptly and look forward to your return.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Employee's Name and Signature]