<Date>

Private and confidential

<Insert employee’s full name>
<Insert employee’s residential address>

**Notice of stand down due to operation of the *Primary Health Care Worker (Restrictions on Access) Directions***

Dear <insert first name>

The operation of the *Primary Health Care Worker (Restrictions on Access) Directions* (**Directions**), require all of our staff to have at least their first dose of a COVID-19 vaccine, registered by the Therapeutic Goods Administration, by 1 November 2021, and be fully vaccinated (2 doses) by 1 December 2021, in order to access the workplace.

As you have not advised us of your vaccination status, as previously requested on <date>, you are now unable to access the workplace unless you provide evidence of the required COVID-19 vaccination or an authorised temporary or medical exemption.

OR

As you have confirmed you are not vaccinated, and do not have a medical or temporary exemption, you are now unable to access the workplace unless you provide evidence of the required COVID-19 vaccination or an authorised temporary or medical exemption.

Accordingly, we confirm that you will be stood down, effective immediately, without pay from your employment whilst you are unable to access the workplace, pursuant to the Directions. Please confirm if you wish to take any of your accrued paid leave entitlements during this period.

Further, please confirm your intentions regarding your vaccination status and compliance with the Directions by <date>. Failure to notify us of your intention to comply with the Directions by this date will lead to commencement of a formal disciplinary process and may result in the termination of your employment.

Yours sincerely

<Insert name>

<Insert position>