<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* and *Booster Vaccination (Restrictions on Access) Directions***

Dear <insert first name>

As you would be aware, the operation of the *Primary Health Care Worker (Restrictions on Access) Directions* (**Directions**), required all of our staff to have two doses of an approved COVID-19 vaccine, registered by the Therapeutic Goods Administration (**TGA**), by 1 December 2021, in order to access the workplace.

Further to the above, the introduction of the *Booster Vaccination (Restrictions on Access) Directions* (**Booster Directions**) on 24 December 2021, require all of our staff to obtain a TGA approved Booster vaccination by the relevant deadline, specified in the Booster Directions, in order to continue to access the workplace.

Our understanding is that you received your second dose on <Date> and are therefore required/were required to obtain your Booster vaccination by no later than <Date> in order to continue to access the workplace as per the Booster Directions.

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

OR

As you have confirmed you have not obtained the required Booster vaccination by the relevant deadline, 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 Booster 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 Booster 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 Booster Directions by <date>. Failure to notify us of your intention to comply with the Booster 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>