

# Office Forced and Mandatory Leave

**[Company Name]**

[Company Address]

[City, State, ZIP Code]

**Date:** [Insert Date]

**To:** [Employee Name]

[Employee Designation/Job Title]

[Department Name]

**Subject: Notification of Forced and Mandatory Leave**

Dear **[Employee Name]**,

This is to formally inform you that you have been placed on **Forced and Mandatory Leave** from your role as **[Job Title]** at **[Company Name]**, effective from **[Start Date]** to **[End Date]**. This decision is in line with **[reference company policy, labor law, etc.]** and aims to ensure **[state the reason, e.g., the integrity of ongoing investigations, compliance with health protocols, operational adjustments, etc.]**.

## **Reason for Leave**

The following are the key reasons for the leave:

- **[Reason 1: Pending investigation related to breach of company policy]**
- **[Reason 2: Compliance with health and safety measures]**
- **[Reason 3: Business needs and operational adjustments]**

This leave is **not punitive** but rather a procedural measure to ensure the proper handling of ongoing issues.

### **Duration of Leave**

- **Start Date:** [Insert Date]
- **End Date:** [Insert Date]

If necessary, the leave period may be extended. You will be notified promptly of any such changes.

### **Pay and Benefits**

During this leave, you will be entitled to:

- **Salary/Compensation:** [Specify if paid, unpaid, or partially paid]
- **Health Insurance:** [Specify coverage details]
- **Access to Benefits:** [Specify any other applicable benefits, e.g., paid leave, sick leave, vacation leave, etc.]

### **Compliance Instructions**

- **Return of Company Property:** You are required to return any company property, including **[list items, e.g., laptops, ID badges, mobile devices, etc.]** before your leave period begins.
- **Access to Work Systems:** Your access to **[mention systems, e.g., work email, company network, etc.]** will be deactivated during the leave period.
- **Communication During Leave:** You can reach out to **[HR Representative or Line Manager Name]** at **[Phone Number]** or **[Email]** if you have any questions or urgent concerns.

### **Return to Work**

You will be required to report to work on **[Return Date]**. Prior to resumption, you may be contacted for updates regarding your employment status.

## Acknowledgment of Receipt

I, **[Employee Name]**, acknowledge receipt of this **Office Forced and Mandatory Leave Notification** and agree to the terms specified in this letter.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Manager/HR Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_