NAME

ADDRESS

DATE

Dear NAME,

As you are aware, on DATE you attended a formal capability hearing. This meeting was conducted by NAME and NAME also attended as note-taker for the proceedings.

You chose to be accompanied by NAME / You were offered the opportunity to bring a witness however you declined.

The matters of concern regarding your capability were [insert details].

At the hearing, you responded with details in relation to your capability of carrying out your job role.

The decision has been taken to terminate your employment with the company on the grounds of capability.

This is not a decision that has been taken lightly. When reaching this decision, I took into account all the facts and explanations put forward including (Include details of the meeting here).

Your employment with the company will terminate on DATE. Any monies due will be paid to you in your final pay cheque.

You have the right of appeal against this decision in writing to NAME, POSITION, CONTACT DETAILS within 7 days of receiving this decision with an outline for the grounds for your appeal.

Yours sincerely

NAME

JOB TITLE

***NB*** *If the employees illness is considered a disability under*[*employment equality legislation*](http://www.ihrec.ie/publications/list/ihrec-employment-equality-rights-explained/)*, their rights under that particular legislation need to be taken into consideration as there may be a significant risk of an equality claim.*