

FOR REFERENCE ONLY

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State or Territory	Directions	Date not permitted to perform work	Date for first dose	Date for second dose
Victoria	Victoria COVID-19 Mandatory Vaccination (Workers) Directions <u>(No 5)</u>	15 October 2021	22 October 2021	26 November 2021
NSW	Public Health (COVID-19 Care Services) Order 2021	25 October 2021	25 October 2021	29 November 2021
WA	Press release only, awaiting Directions	31 December 2021	31 December 2021	31 January 2022
NT	Northern Territory COVID-19 Directions (No.55)	13 November 2021	13 November 2021	25 December 2021
ACT	Press release only, awaiting Directions	1 November 2021	1 November 2021	29 November 2021

HOME CARE EMPLOYEE COVID-19 VACCINATION TERMINATION LETTER TO STAFF WHO DO NOT COMPLY WITH VACCINATION REQUIREMENTS (FOR USE IN ACT, NSW, NT, VIC, WA)

[DATEinsert date]

PRIVATE AND CONFIDENTIAL BY
POST/HAND/EMAIL

Employee name []
address [] [insert employee name]
[insert employee address]
[insert employee address]

Dear [insert employee name]

Termination of your employment

I am writing to advise you of our decision to terminate your employment based on your non-compliance with the ~~government~~ [insert state or territory] Government mandatory vaccination requirements.

As you are aware, the [insert title of relevant State/Territory Health Order/Directions – see Page 1] requires that from [Dateinsert date – see Page 1], a home care employee must not attend their workplace or perform home care work if they have not received at least their first dose of a COVID-19 vaccine.

[Option 1] We have discussed with you your reasons for refusing to receive a COVID-19 vaccine and unfortunately, you do not qualify for one of the recognised exceptions in the [insert title of relevant State/Territory Health Order/Directions – see Page 1]. [End option 1]

[Option 2] Contrary to our request to you, you have not provided us with any evidence that you have received at least your first dose of a COVID-19 vaccine or evidence that you qualify for one of the recognised exceptions in [insert title of relevant State/Territory Health Order/Directions – see Page 1].

We offered to meet with you to discuss whether you had or would receive a COVID-19 vaccine, but you have not taken up this offer. [End option 2]

Based on the above, we cannot lawfully permit you to perform your duties as an [insert position title] ~~and as~~ you cannot lawfully perform your role. As a result, we have decided to terminate your employment.

[Permanent employee option 1 – unpaid notice period] The termination of your employment is effective as at [insert termination date]. As you cannot lawfully perform your role, as of [insert date – see Page 1] 2021, you are not entitled to payment during your notice period. You will shortly be paid your wages up to ~~and including and including~~ [insert termination date/last day of work] and any accrued but unused leave entitlements payable on termination. [End permanent employee option 1]

[Permanent employee option 2 – paying out notice (*not required but an option*)] The termination of your employment is effective immediately. You will shortly be paid in lieu of [insert number of weeks] notice, your wages up until today and any accrued but unused leave entitlements payable on termination. [End permanent employee option 2]

You are required to return all company property in your possession and you are directed not to attend any **[insert entity name of employer]** premises.

Thank you for your service and we wish you all the best for your future. If you have any questions regarding this letter, please contact me.

Yours sincerely

[Signature block]

