**JOB SUPPORT SCHEME (JSS) CLOSED – EXAMPLE AGREEMENT WITH EMPLOYEES FOR TEMPORARY WORKING ARRANGEMENTS**

PLEASE NOTE: THIS IS AN EXAMPLE AGREEMENT AND SHOULD NOT BE RELIED UPON UNTIL YOU HAVE CONFIRMED CONTENTS WITH YOUR LAWYERS AND / OR HR SPECIALISTS

[Send to employee’s address or email. Note you should discuss and record employee agreement for temporary working arrangements before you send this letter and/or obtain consent below.]

Dear [Employee name],

**EMPLOYEE NAME AND NI NUMBER AND / OR PAYROLL NUMBER**

Further to our discussion on the (insert date DD/MM/YYYY) at which I explained the legal requirement for the business closure and the necessity for temporary working arrangements to apply. I also explained we are committed to making decisions within the equality and discrimination laws that apply to all businesses.

I also outlined the reasons for the decision and you have agreed to stop working for a minimum of 7 consecutive calendar days from (insert date DD/MM/YYYY).

*[Attach to the letter the notes of the discussion or not but you must keep these as evidence for HMRC]*

The purpose of this letter is to formally notify you that your position as (insert position or job title - eg. director) for (insert name of company) is being closed temporarily due to the legal requirements imposed on the business by the Government.

Your last official day of work will be (insert day DD/MM/YYYY).

You will receive two thirds of your normal pay up to a maximum of £2,083.33 per month. *(amend if the employer uses their discretion to pay more than this*).

During the period of closure, your employer pension contributions will continue.

We will provide regular information as the current Pandemic unfolds and when we return to normal working routines.

Please read through the discussion notes and if you are happy please sign and date below to accept the change to your employment contract from (insert date DD/MM/YYYY).

Yours sincerely,

[insert signature]

Title

**Employee consent to the change in employment contract.**

I confirm I have been consulted about the change in my employment conditions as a result of the Government requirement to close the business and I consent to a change in my employment terms and conditions to stop working for a minimum of 7 consecutive calendar days until the restrictions are lifted.

Signed:

Date: