



RK Corporate Consulting (Pty) Ltd

Registration Number: 2025/117006/07

Address: 1221 Embankment Road
Zwartkop x7
Centurion
0157

Phone: 060 134 8831

Email: rozanne@rkcc.co.za |
will@rkcc.co.za

PRECAUTIONARY SUSPENSION

[Employer's Letterhead]

To: (Employee's name) _____

Date: _____

Re: Precautionary Suspension

We hereby inform you of your precautionary suspension as a result of the following preliminary allegations made against you relating to –

The period of suspension will allow the Employer to conduct an investigation into the allegations.

You must report to _____ on _____ in order to be advised of the outcome of the investigation, which could include, but is not limited to, being notified to attend a Disciplinary Inquiry on a specified date.

The following conditions apply for the duration of your precautionary suspension:

1. You will not be permitted to enter the workplace during the suspension period except under the circumstances set out in item 9 below or as agreed to with your line manager.
 2. Should you require access to the workplace for any other valid reason, a request must be made to your line manager. If access is granted, it will be subject to reasonable restrictions and supervision.
 3. You are not allowed to contact any employee of the company or access the company systems or emails except with written permission from your line manager and under conditions to be advised by him/her.
-

Chief Executive Officer: Rozanne van Heerden
Chief Operations Officer: Wilhelm Kuhn



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4. Should you become unavailable for a valid reason, for example, for reasons of ill health or injury, you must immediately notify your line manager of such an occurrence and apply for the appropriate leave. Where applicable, the application must be supported by the relevant proof of absence, for example, a valid sick note.
 5. Where such leave has been approved, your suspension will be lifted for the duration of such leave and reinstated upon the completion of the approved leave period.
 6. No requests for annual leave will be considered during the suspension period.
 7. You will receive full remuneration while on precautionary suspension.
 8. Should the investigation conclude that there are sufficient grounds to hold a disciplinary hearing, you will be given reasonable notice of the hearing to allow you time to prepare.
 9. You will be allowed supervised access to the workplace, in order to arrange for a fellow employee to represent you and to prepare your response to the allegations made against you (your "defence"). Please contact your direct supervisor / manager to arrange this.
 10. You will be required to return all company property in your possession, including but not necessarily limited to the following: *(add own content, for example laptop, company car, business phone, office keys, access card, etc.)*
 11. You may not contact any customer, client, supplier, or service provider of the company, except with the prior written authorization of the company.
 12. You must remain contactable, and your cell phone must be switched on during working hours to allow us to contact you. Please confirm your current contact details below:
 - a) Telephone number: _____
 - b) Alternative telephone number: _____
 - c) Physical address: _____

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[Please note that your personal information will be protected in line with the requirements of the Protection of Personal Information Act 4 of 2013.]

13. Alternatively:

(delete if not applicable)

You must telephone your direct supervisor / manager every working day at _____ in order to be updated on the progress of the investigation.

You must be available to come to work when required by the employer, subject to item 4 above.

14. You are required to advise the company of any changes in your contact details. On failure to do so, the company will presume that the details you provided are accurate and correct.

MANAGEMENT REPRESENTATIVE:

Signed (name and title): _____ Date: _____

Title:

CONFIRMATION OF RECEIPT BY EMPLOYEE:

I the undersigned _____ (employee's name)
hereby acknowledge receipt of this letter.

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Chief Operations Officer: Wilhelm Kuhn



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Signed: _____ Date and time: _____ Place: _____

IF EMPLOYEE REFUSES TO SIGN:

I, the undersigned _____ (witness's name)
hereby confirm that I witnessed a copy of this letter being handed to the employee named
above. The employee refused to sign.

Signed: _____ Date and time: _____ Place: _____

✉ Contact us at rozanne@rkcc.co.za or will@rkcc.co.za

🌐 Visit: www.rkcc.co.za

📺 Follow us on Facebook: <https://www.facebook.com/profile.php?id=61572572114476>

Navigating Compliance with Confidence

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