

Name of Organization and Logo

[Date], 2020

Private & Confidential

[Name]

[Address]

[City, AB]

[Postal Code]

Sent via email:

Dear [first name],

RE: Recall to Work Notice

On [insert date] you were laid off from your position subject to recall by [Organization name]. In the written layoff notice, you were informed that your position will be subject to recall and to notify us immediately of any changes to your address. As we have not been instructed of any changes, we are writing to the address you have provided on our records.

[Organization name] is pleased to inform you that based on operational needs, we are able to recall you back to your position. In accordance with Alberta Employment Standards legislation, this letter confirms that [Organization name] is recalling you and providing you with seven (7) days' notice to return to work along with additional important information. You are expected to return to work on [insert date] at [insert time]. Your salary and hours of work will remain the same as they were prior to the temporary layoff.

[Organization name] is confident in our ability to ensure a safe and healthy environment as you return to work. For the safety of you and all staff, as well as our clients, we also want to ensure that you are healthy, that you have not travelled outside of Canada within the last 14 days; are not experiencing flu-like symptoms; are not living with anyone in your household experiencing flu-like symptoms; have been exposed to anyone that has been tested positive for COVID-19; nor are you required to be in self-isolation upon your scheduled return to work date.

We require your acknowledgement receipt of this Recall to Work notice, confirmation you are healthy, that you will be available and are able to report to work on [insert date]. Please complete the information at the bottom of this letter and return it to my attention at [email] no later than [insert date]. Failure to return to work as stated above will be considered a refusal of recall and abandonment of your position as of that date.

If you have any questions, please do not hesitate to contact me directly. We look forward to receiving confirmation of your return to work. Thank you.

Sincerely,

[Name]

[Title]

Name of Organization and Logo

I, [enter employee first and last name], acknowledge receipt of the Notice of Recall and will return to work on:

Click here to enter a date.

OR

I, [enter employee first and last name], acknowledge receipt of the Notice of Recall and will NOT be returning to work on my scheduled return to work date due to:

Sickness: Required to self-isolate due to COVID-19: Unavailable:

If **Unavailable**, please provide a brief explanation:

Click here to enter text.

Type Name Here

Name

Click here to enter a date

Date

Enter Name to Sign

By entering my name, I acknowledge Signature