1. **TEMPLATE ONE – Direction to stand down an employee in full for employees engaged under the:**
	* **Live Performance Award 2020,**
	* **Amusement, Events and Recreation Award 2020,**
	* **Broadcasting, Recorded Entertainment and Cinemas Award 2020, and**
	* **Award free employees**

[**insert date**]

Dear [insert employee name],

**Stand down**

This is a stand down direction under section 524 of the *Fair Work Act 2009*.

You are now stood down from your employment. This means that you will not be required to perform any work or attend the workplace.

The reason we are standing you down is because [insert name of Company] has been significantly impacted by the COVID-19 pandemic and the Government’s directions restricting activity in response to COVID-19. As a result, you cannot be usefully employed.

You will not be required to perform any work or attend the workplace from [insert date] to [insert date] (Stand Down Period).

During the Stand Down Period:

* you will not be paid wages
* you will continue to accrue annual leave and personal/carer’s leave
* you should remain ready, willing and available to return to work when directed to do so

Please contact [insert name of contact] on [insert telephone number] if you wish to discuss or have any questions.

Yours sincerely

[insert name]

1. **TEMPLATE TWO – Direction to stand down an employee in full for employees engaged under the Performers’ Collective Agreement 2017**

[**insert date**]

Dear [insert employee name],

**Stand down**

This is a stand down direction under clause 16.14 of the *Performers’ Collective Agreement 2017.*

You are now stood down from your employment. This means that you will not be required to perform any work or attend the workplace.

The reason we are standing you down is because [insert name of Company] has been significantly impacted by the COVID-19 pandemic and the Government’s directions restricting activity in response to COVID-19. As a result, you cannot be usefully employed.

You will not be required to perform any work or attend the workplace from [insert date] to [insert date] (Stand Down Period).

During the Stand Down Period:

* you will not be paid wages
* you will continue to accrue annual leave and personal/carer’s leave
* you should remain ready, willing and available to return to work when directed to do so

Please contact [insert name of contact] on [insert telephone number] if you wish to discuss or have any questions.

Yours sincerely

[insert name]