Settlement agreement after 2 years of incapacity for work

The undersigned:

1. The private limited liability company …..[name]….. B.V., having its registered office and place of business [redacted]

and

2. Mr/Ms …..[name]….., born on …..[date]….., residing at …..[address and place of residence]….., hereinafter referred to as: 'employee'

Employer and employee are hereinafter jointly referred to as "Parties";

whereas:

- Employee has been employed by employer since …..[date]….., most recently in the position of …..[job title]….. for …..[number]….. [redacted]

- Employee became incapacitated for work on …..[date]….. and salary payment was stopped on …..[date]…..;

- Employer wishes to terminate the employment contract with employee because employee has been unable to work for more than two years d[redacted]

[redacted]Employer wishes to emphasise that employee cannot in any way be blamed for the situation that has arisen. [redacted]

Have agreed as follows:

1. Employer and employee agree that the employment contract shall terminate by mutual consent as of …..[date]….., taking into account the applicable notice period of …..[number]….. months.

2. In the salary administration of the month …..[date]….., employer shall provide a proper final settlement in respect of [redacted]

[redacted]