**DISCPLINARY WARNING**

DATE ISSUED: EXPIRY DATE:

NAME (OF PERSON ISSUING THE WARNING):

DESIGNATION:

ISSUED TO:

POSITION:

EMPLOYEE NUMBER:

DESCRIPTION OF OFFENCE:

You are hereby given a WARNING/FINAL WARNING *(delete which is not applicable)*in respect of this offence:

ACTION REQUIRED TO AVOID FURTHER DISCIPLANARY ACTION IS:

Should you fail to comply with the above or commit a further offence, further disciplinary action may be taken. If you wish to do so, you must submit a letter outlining the reasons for requesting an appeal within 2 days of receiving this letter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person issuing warning letter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of employee acknowledging receipt of this notice Date

**Or signed by two witnesses who have been given to the stated employee should the staff member refuse to sign this notice.**

Witness 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_