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| | Current Revision: <i>ver 1.0</i> Policy Number: | |
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NOTIFICATION OF A VERBAL WARNING

DOCUMENT APPROVAL

| | Name | Signature | Date |
|---------------------|------|-----------|------|
| Responsible Person: | | | |

Date of Last Review: _____

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|---|
| <p>Key words:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |
| <p>Reference documents:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |
| <p>Applicability: <i>This policy is applicable to all employees.</i></p> |

To : _____

Employee no. / Department : _____

From : _____

Designation : _____ Date : _____

Re : Verbal warning

Please be advised that it is hereby recorded that a verbal warning was issued to you for the following:

Description (briefly describe the misconduct):

Please note that if no improvement is seen in the near future with regard to the above, further disciplinary action could be initiated against you.

I confirm acknowledgement of the above a verbal warning and I am fully aware of the consequences should no improvement occur within the next 6 (six) months, or if similar charges are brought in against me.

Employee's signature: _____ Date: _____

I have witnessed the above employee having received notification of a verbal warning.

Representative: _____

Designation: _____ Date: _____

NB: Please note that you have an option to appeal against this warning.