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| **INSERT YOUR LOGO HERE** |

**DISCIPLINARY FINDING FOR WORK PERFORMANCE**

|  |  |
| --- | --- |
|  | For Office Use:Date of Issue: |
|  | Date of Expiry: |
|  | Sanction: |

|  |  |
| --- | --- |
| Employee Name | Managers Name |
| Position | Managers Position |
| Employee Number |  |
| Company / Department / Office | Date |

I refer to the work performance investigation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date - where applicable) at which you have been found to **HAVE / HAVE NOT** met the following standards of performance:

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| **ALLEGATIONS :** |
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Further to the sanction hearing of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date - where applicable), and having regard to all relevant factors, aggravating and mitigating circumstances, as well as the seriousness of the allegation(s), the best interests of the Company and all of its employees, I find **the following** to be the appropriate sanction.

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| --- |
| **SANCTION :** |
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**Please note that, should you not meet these or any further standards of work performance before the expiry of this warning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this may result in stronger disciplinary action being taken against you, which may include your dismissal.**

**Should you wish to appeal, you should do so, on the Company Appeal Form, within seven (7) days of the date of this disciplinary action.**

**OR, if there is no appeal procedure**

**You are reminded of your right to refer any dispute regarding your sanction to the CCMA / Bargaining Council (please specify which council) at the following address:**

***(Note: If the employee is dismissed, the employee should be given the reason for dismissal and reminded of any rights to refer the matter to a council with jurisdiction or to the Commission or to any dispute resolution procedures established in terms of a collective agreement.)***

**PRESIDING OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION OF WITNESS\***

**I confirm that I have witnessed that this Form has been seen by/ handed to the above-named employee.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[To be completed only in the instance of non-signature by the employee]**