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| **INSERT YOUR LOGO HERE** |

OFFICIAL RECORD OF POOR WORK PERFORMANCE INQUIRY

PRESENT:

Chairperson : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpreter : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Establish whether the employee is a union representative / official.

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| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reconvened on / / / |

INTRODUCTION:

Explain the procedure and protocol.

Explain the purpose of the Inquiry

Establish whether an interpreter is required.

Establish whether the parties received notification and had sufficient time to prepare.

SUMMARY OF EMPLOYER’S CASE:

Company Witness No : \_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of evidence :

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1. What is the employee’s position and job description?

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2. What is the degree of performance standard which the employer expects of the employee?

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3. Does the employee know what standard of performance is expected from him/her?

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4. Is the expected standard of performance reasonable?

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5. Evidence with regard to previous poor work performance meetings (attach minutes as exhibits).

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6. Evidence with regard to current poor performance.

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* Remember to allow questioning

\* Company or Employee’s Witness No: \_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\* Delete which is not applicable

SUMMARY OF EMPLOYEE’S CASE:

Employee’s Witness No : \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of evidence :

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* Remember to allow questioning.

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**INITIATOR’S CLOSING STATEMENT:**

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**EMPLOYEE’S OR HIS/HER REPRESENTATIVE’S CLOSING STATEMENT:**

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* The chairperson may also call witnesses or ask any witness questions to clarify issues if necessary.

#### ADJOURN IF NECESSARY TO CONSIDER FINDINGS.

Date and time to reconvene \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINDING (Balance of Probabilities)**

##### Summarise the reasons for your finding.

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1. Finding : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADJOURN IF NECESSARY TO CONSIDER THE SANCTION.**

##### Date and time to reconvene : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORM THE EMPLOYEE OF THE SANCTION THAT IS BEING IMPOSED WITH REASONS FOR THE SANCTION.**

1. **SANCTION IMPOSSED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **REASONS FOR SANCTION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Inform the employee of his/her right to appeal and the time limit allowed.
* Ensure letter is sent to confirm termination.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Chairperson)