NOTIFICATION OF

VERBAL WARNING

(For Level 1 and Level 2 offences)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STAFF MEMBER’s DETAILS | | | | | | | | | | | | | | |
| Surname | |  | | | | First name | | | | |  | | | |
| Preferred name | |  | | | | Employee no | | | | |  | | | |
| Job title | |  | | | | Department | | | | |  | | | |
| Grade | |  | | | | Division/Faculty | | | | |  | | | |
| DETAILS OF UNACCEPTABLE BEHAVIOUR and/or UNACCEPTABLE WORK PERFORMANCE | | | | | | | | | | | | | | |
| Date of corrective counseling discussion with staff member | | | | | | |  | | | | | | | |
| Areas of concern raised with the employee: | | | | | | | | | | | | | | |
| Reasons offered by the employee for areas of concern or employee’s understanding of situation: | | | | | | | | | | | | | | |
| Expected behaviour and/or work performance: | | | | | | | | | | | | | | |
| OUTCOME (tick appropriate block) | | | | | | | | | | | | | | |
|  | Based on the discussion and the reasons offered by the employee, the outcome thereof is no verbal warning at this point in time. | | | |  | | | Based on the discussion and the reasons offered by the employee, the outcome thereof is a verbal warning for the above misconduct/behaviour. | | | | | | |
| THERE IS NO RIGHT TO APPEAL FOR A LEVEL 1 OFFENCCE | | | | | | | | | | | | | | |
| This verbal warning will expire in 6 months from the date of this notice which is | | | | | | | | | | |  | | | Not applicable |
| Should you fail to comply with the above or commit a further offence/misconduct, further disciplinary action may be taken. | | | | | | | | | | | | | | |
| AUTHORISATION | | | | | | | | | | | | | | |
| Name of person issuing notification | | |  | | | | | | | Signature | |  | | |
| Designation | | |  | | | | | | | Date | |  | | |
| Signature of employee to acknowledge receipt of this notice | | |  | | | | | | | Date | |  | | |
| OR if the employee refuses to sign or is unavailable to sign, then two witnesses need to sign | | | | | | | | | | | | | | |
| Witness name | | | | Signature | | | | | Date | | | |  | |
| Witness name | | | | Signature | | | | | Date | | | |  | |
| COPIES within 2 working days of document being signed | | | | | | | | | | | | | | |
| **Date give to employee** | | | |  | | | | | **Date sent to HR Generalist** | | | |  | |