NOTIFICATION OF

VERBAL WARNING

(For Level 1 and Level 2 offences)

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| 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**  |  |