NOTIFICATION OF

WRITTEN 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 OFFENCE | | | | | | | | | | | |
| Date of final hearing associated with this process | | | | |  | | | | | | |
| You have been found guilty of the following offence/s: | | | | | | | | | | | |
| DETAILS OF PENALTY ASSOCIATED WITH BEING FOUND GUILTY OF THE ABOVE OFFENCE/S | | | | | | | | | | | |
| You are hereby given WRITTEN WARNING. | | | | | | | | | | | |
| The action necessary on your part to avoid further disciplinary action is: | | | | | | | | | | | |
| This warning will expire in one year from the date of this notice which is | | | | | | | | | |  | |
| Should you fail to comply with the above or commit a further offence/misconduct, further disciplinary action may be taken. | | | | | | | | | | | |
| RIGHT TO APPEAL | | | | | | | | | | | |
| You have the right to appeal this warning.  If you wish to do so:   1. This must be done within 2 working days of the receipt of this letter. if you submit an appeal after these two working days, it will not be considered; 2. You must submit a letter outlining the reasons for requesting an appeal or complete the template to be found at:   http://www.ru.ac.za/humanresources/academicstaff/disciplinarymatters  <http://www.ru.ac.za/humanresources/supportstaff/disciplinarymatters>  Alternatively you can ask your HR Generalist for a copy of this.   1. The letter or template must be submitted to your HR Generalist.   If you need information on how the appeal process works, please consult your HR Generalist. | | | | | | | | | | | |
| AUTHORISATION | | | | | | | | | | | |
| Name of person issuing final warning 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** | | | | |  |