**RECORD OF DISCIPLINARY SANCTION**

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

**Employee name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an employee, you are required to adhere to the rules and procedures set by your employer, and to exhibit conduct which is acceptable and appropriate and in accordance with your contract of employment.

***For A Recorded Reprimand (Verbal Warning) and Written Warning, add*:**

You are hereby notified that a repeat of said conduct or conduct of a similar/related nature will result in further disciplinary action being taken against you.

You are reminded that should you wish to challenge the fairness of the disciplinary action that has been taken against you, you have the right to refer an unfair labour practice dispute to the CCMA within a period of 90 days from the date of receipt of this warning.

***For a Final Written Warning, add*:**

You are hereby notified that a repeat of said conduct or conduct of a similar / related nature will result in further disciplinary action being taken against you wherein the possibility of dismissal exists.

You are reminded that should you wish to challenge the fairness of the disciplinary action that has been taken against you, you have the right to refer an unfair labour practice dispute to the CCMA within a period of 90 days from the date of receipt of this final written warning.

**Type of Sanction** (tick appropriate box). This warning takes immediate effect:

|  |  |
| --- | --- |
| Recorded Reprimand (Valid for 3 Months) |  |
| Written warning (Valid for 6 Months) |  |
| Final Written Warning (Valid for 12 Months) |  |
| Suspension without pay (specify period / dates) |  |
| Demotion (specify position to which demoted) |  |

**MANAGEMENT REPRESENTATIVE:**

Signed (name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CONFIRMATION OF RECEIPT BY EMPLOYEE:**

I the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(employee’s name)hereby acknowledge receipt of this warning / sanction. The warning has been read to me and explained in my own language (where applicable).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and time: \_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF EMPLOYEE REFUSES TO SIGN:**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (witness’s name) hereby confirm that I witnessed this warning / sanction notification being handed to the employee named above. The employee refused to sign the warning.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_