

	Current Revision:  Policy Number:	
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**NOTIFICATION OF A SEVERE WARNING**

**DOCUMENT APPROVAL**

	Name	Signature	Date
Responsible Person:			

Date of Last Review: \_\_\_\_\_

Key words:

\_\_\_\_\_

Reference documents:

\_\_\_\_\_

To : \_\_\_\_\_

Employee no. / Department: \_\_\_\_\_

From : \_\_\_\_\_

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

**Re : Severe warning**

Please be advised that it is hereby recorded that a severe warning was issued to you for the following:

**Description (briefly describe the misconduct):**

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Please note that if no improvement is seen in the near future with regard to the above, further disciplinary action could be initiated against you.

I confirm acknowledgement of the above a severe warning and I am fully aware of the consequences should no improvement occur within the next \_\_\_\_\_ months, or if similar charges are brought in against me.

Employee's signature : \_\_\_\_\_ Date : \_\_\_\_\_

I have witnessed the above employee having received notification of a severe warning.

Representative : \_\_\_\_\_

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

**NB: Please note that you have an option to appeal against this warning.**

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