

Form: Written Warning

Warning issued by: Designation:				Name of offender:	
Date of issue:				Personnel number:	
Validity of warning:		To		Position:	
				Department:	
Date of offence:				Charge:	
Details of offence:					
Employee declares as follows:	<ul style="list-style-type: none"> • I plead guilty to the transgression/offence. • I understand that this is a written warning and that it will be kept on my personal file. • I understand that this written warning is valid for a period of 3 months. • I understand that the same or related offence in future may lead to disciplinary action, even dismissal. • I understand that a witness may sign on my behalf should I refuse to sign this warning after its contents and implication was explained to me. • The contents and implications of this warning were explained to me and I understand it completely. • I was not forced nor influenced to sign this written warning. 				
Employer or designate signature:				Employee signature:	
Witness signature:				Representative signature:	
<p><i>Should the Employee refuse to sign receipt of this Written Warning, the undersigned witnesses shall testify to the fact that the Employee received the warning and that its contents was explained to him/her. Alternatively that the warning was delivered at the employee's registered address. (Add comments)</i></p>					
Name				Name:	
Signature:				Signature:	
Date				Date:	
Comments:					