This form is to be completed by an Employee who wishes to have a review against the disciplinary action taken against him / her at the Disciplinary Hearing if such a disciplinary action was a final written warning, suspension without pay or summary dismissal. This form may be submitted to the person who chaired the Disciplinary Hearings and prescribed the disciplinary action or to an external industrial relations specialist. This decision will be made by the Human Resources Manager. This form must also be submitted to his / her manager.

Employee Details • • • • • • • • • • • • • • • • • • •					
Surname					
First names					
Job title					
Branch					
Manager's Details					
Surname					
First names					
Job title					
Branch					
Density improved					
Penalty imposed					
Date on which penalty was imposed DD / MM / YYYY					
Name of person w	ho imposed the penalty				
Job title of person who imposed the penalty					
REASONS FOR REVIEW					
State on what grounds you wish to have a review, e.g. lack of jurisdiction, procedural irregularity, or new evidence:					
The find	The finding/s				
The per	nalty handed down				
Where I was accused of:					
•					
<b></b>					
B					



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I intend to challenge:					
•	The procedural fairness (the way in which the Dis	sciplinary Hearing was conducted)			
•	The substantive fairness (the finding was based on insufficient proof, the penalty was too harsh relative to the offense)				
•	New evidence (evidence that was not available at	t the time of the original Disciplinary Hearing)			
l un	derstand that I now carry the burden of proving my	case on review.			
I acl	knowledge that I have received the reasons, in writing	ing, for the finding/s and the penalty taken against me	э.		
l do	o, however, wish to have a review against the finding	g/s for the following reasons:			
<b>*</b>					
Sign	ned at	on the day of	20		
Emp	oloyee's signature	Manager's signature			
W	fitnesses				
1.		. 2	······································		