

Date: / /



Warning Letter / Disciplinary Action

Version 1.1 - AT/HR/FRM 16 - Date:04/07

INCIDENT & DISCIPLINARY ACTION FORM

Employee Name :	Employee No. :	
Date of Joining :	Department	
Position Title :	Reporting To	
Action Taken: <input type="checkbox"/> Informal Warning - Note to File Only <input type="checkbox"/> First Warning Letter <input type="checkbox"/> Dismissal <input type="checkbox"/> Formal Warning - Note to File Only <input type="checkbox"/> Final Warning Letter		
Details of the Incident: <i>(Attach relevant evidence / documents) (Use back page if space not enough)</i>		
How to Improve: <i>(State the ways on how to improve the performance of the employee, training & development needs).</i>	Timeframe :	
Reason for Warning:		
What is the next disciplinary action for non-improvement? (Next Disciplinary Stage)		
ACKNOWLEDGEMENT: <i>(Witness should sign in case the employee fails to do so).</i>		
_____ Employee: Date:	_____ Witness: Date:	
Recommendation	Review	Approval
Name:.....	Name:.....	Name:.....
Designation:.....	Designation:.....	Designation:.....
Signature:	Signature:	Signature:
Distribution List: Original to Employee File / Copies to Department Head, Employee and Public Relation.		