

## WEST RAND DISTRICT MUNICIPALITY



## CONFIRMATION OF A VERBAL CONVERSATION

NAME :	EMPLOYEE NUMBER :
DEPARTMENT :	DATE :
This document serves to confirm t you regarding the following:	hat your supervisor had a formal discussion with
•	the WRDM's conditions of service. Your behavior is not allow you to continue with this kind of
You are hereby informed that this procedure against you.	type of behavior could lead to a disciplinary
I trust that you will see this in a se	erious light.
SUPERVISOR	EMPLOYEE
HEAD OF DEPARTMENT	DATE
COMMENTS BY HUMAN RESOUL	RCES:
	SIGNATURE