



**WEST RAND
DISTRICT MUNICIPALITY**



WRITTEN WARNING

NAME : _____ **EMPLOYEE NUMBER :** _____

DIRECTORATE : _____

1. This document is to confirm that you have been found guilty of the charges, as reflected in the charge sheet.
2. In view of the fact that you have pleaded guilty on all the charges, the following sanction, which has been agreed to with your trade union, is imposed:
 - 2.1 A written warning valid for _____ months
 - 2.2 The warning shall form part of your disciplinary record even after its expiry.
 - 2.3 In the event that you commit the same offence within a period of _____ months you shall be dismissed

CHAIRPERSON

EMPLOYEE

**HEAD OF DEPARTMENT/
COMPLAINANT**

DATE

INITIATOR

DATE