STRIKE	DISCIPLINARY NON-COMPLIANCE	CF-S-21

Date: _____ Location: _____

From: Issuer's Name: _____

Regarding: Employee's Name: _____

I have made the following observation of the above named employee:

_____

_____

_____

The organizational policy, procedure, or work rule that has been violated is:

_____

_____

_____

I have reviewed with the employee/company the importance of the standards:

_____

_____

_____

Employee's comments/remarks:

_____

_____

_____

_____ _____

*Employee's Signature ***

Issuer's Signature

** ***Signing this form does not indicate agreement; it only signifies that you have been informed of the action.***

** ***Original to be filed in the employee file, 1 copy to be sent back to employee with next paycheque.***

Verbal ☐ **Suspension** ☐

Written ☐ **Dismissal** ☐

_____

Strike Senior Management

_____

Date