

NOTICE OF DESERTION AND A DISCIPLINARY INQUIRY

Name of Employee: _____

Employee No. or ID No.: _____

Dear _____

You have not reported for duty since _____ (date) and have also failed to inform your employer of the reason for your absence.

You should return to the workplace immediately.

Please take note that you are required to appear at a formal disciplinary inquiry, as specified below.

NOTICE OF DISCIPLINARY INQUIRY

You are hereby instructed to appear at a formal disciplinary inquiry, with regard to alleged misconduct, at:

Place: _____ **Date:** _____ **Time:** _____

The purpose of the disciplinary hearing will be to establish whether you have committed the following misconduct, as alleged:

1. Desertion; alternatively
2. Absenteeism without leave for the period since your failure to report for duty until the date of your return; and
3. Failing to notify your employer of your absence and expected date of return.

The hearing will be conducted in *Afrikaans/English. Please inform me whether you would require the use of an interpreter, so that the necessary arrangements can be made in this regard.

Your rights concerning the hearing will be the following:

- * To be represented at the hearing by a union representative or a fellow employee. (It is your responsibility to arrange your representative's presence, on the date and time indicated above); and
- * To cross-examine witnesses called on behalf of the employer; and
- * To present your case by testifying on your own behalf; and
- * To call witnesses in support of your own case, and
- * To an interpreter, to interpret the proceedings, if the hearing is not conducted in your mother tongue; and
- * To access all the relevant information, intended to be used as evidence by the employer.

If you fail or refuse to attend the hearing, and fail to provide the employer with acceptable and legitimate reasons for your absence, the hearing may be conducted in your absence, and finalized without you being present. Such failure or refusal will be interpreted to imply that you have waived your right to further participate in the hearing.

SIGNATURE OF EMPLOYER / SUPERVISOR

DATE

This document was served on the employee personally on _____ (Date) at _____ (Time)
 at _____ (Place) by _____.

SIGNATURE OF PERSON WHO SERVED THIS DOCUMENT ON THE EMPLOYEE

* This notice was sent by registered mail to the following address, which is the last known address of the employee:
_____ (address).

I acknowledge that this document was handed to me and that the content was explained to me and that I understood.

SIGNATURE OF EMPLOYEE

DATE

The content of this document was interpreted by me to the employee from _____ to
_____ and * he/she indicated that * he/she understood.

SIGNATURE OF INTERPRETER

DATE

I was present and witnessed this document being handed to and explained to the employee.

SIGNATURE OF WITNESS

DATE

*Delete where not applicable.