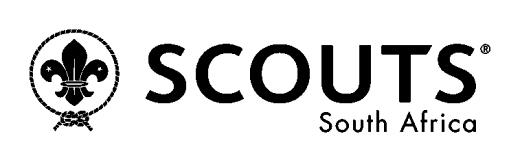
**WST1 - NOTICE OF A WARNING**



(This document is confidential and shall only be distributed to the affected member of the hearing and shall be held on file at Regional and National Offices. A copy of the Warning may be issued to the member’s SGL or DC or RC at their request.)

MEMBERS NAME:…………………………………………………………………………………

WARRANT NUMBER:…………………………………..SD MEMBERSHIP NO: ………………………………..

POSITION: ………………………………………………….GROUP NAME……………………………………………….

DISTRICT:……………………………..…………….……..REGION:

DATE OF WARNING:……………………………………………………

This serves to inform you that you are being issued with a:

|  |  |  |  |
| --- | --- | --- | --- |
| **WARNING** | | **VALID FOR** | |
| Verbal Warning |  |  | Months (Maximum 3 Months) |
| First Written Warning |  |  | Months (Maximum 6 Months) |
| Second Written Warnings |  |  | Months (Maximum 9 Months) |
| Final Written Warning |  |  | Months (Maximum 12 Months) |

This warning arises out of:

Should you commit the same or a related offence within this period, further disciplinary action may be taken against you and this may result in termination of your membership of SSA.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *CHAIRMAN* |  | *Date* |

I hereby acknowledge receipt of the Warning

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Member* |  | *Date* |
|  |  |  |
| *Witness* |  | *Date* |

If the Member refuses to sign in acknowledgement of receipt of this Warning, it will be handed over in the presence of a witness who shall sign the form. The members refusal shall be recorded on the Form.