



GOVERNMENT OF ANGUILLA

RECORD OF AN ORAL WARNING

Issued to:	Employee ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date issued:				

Having given you the opportunity to attend and make representations at the disciplinary hearing held on the [] and having fully considered the facts of the case, including the explanation furnished by you, I am by this Record confirming the oral warning given to you, following the said hearing, in respect of the following misconduct and/or performance below expected standards:

You should note that if you commit any further misconduct within a period of twelve months from the date of the said oral warning, or if your performance continues below expected standards, then the oral warning will be taken into account in deciding the seriousness of any further disciplinary action, **WHICH COULD LEAD TO YOUR DISMISSAL**. If you wish to appeal against the oral warning you should write to me giving full details of the grounds of your appeal to reach me within fourteen days of the date of this Record.

The said oral warning will cease to count against you and will be deemed to have expired if there is no further misconduct or performance below expected standards by you during the twelve-month period immediately following the warning. However, the oral warning may be reactivated for the purpose of disciplinary proceedings leading to your dismissal where you have accumulated two or more expired warnings of any kind.

You are expected to reach and maintain the following standard of conduct and/or performance:

Signed: _____ (Head of Department)

Name in block capitals:

I certify that I have received and understood this Record of the oral warning given to me on the day of 20__.

Signed: _____ Date: _____