

DATE:
NAME OF EMPLOYEE:
Notice to Attend a Hearing into Poor Work Performance
Dear
Management is extremely concerned about the following aspects of your work performance:
1.
2.
3.
4.
On(date/s) management consulted with you about these problems and a process to address and improve the situation was agreed upon and implemented. Regrettably, the concerns as described above continue.
We accordingly wish to advise that a hearing concerning the given allegations of poor work performance, will be convened.
Details of the Hearing
Venue:
Date:
Time:
Employee's Rights:

- 1. You are entitled to be assisted or accompanied by a fellow employee. Assistance by a trade union representative (shop steward) only applies if a registered trade union has been granted organisational rights to have elected shop stewards for this purpose. A trade union representative who does not satisfy this criterion may only assist you if s/he is a fellow employee.
- 2. It is your duty to make arrangements for such representation if it is required.
- 3. If you wish to arrange for the release of your representative to attend the hearing, please notify management at least 24 hours before the time of the hearing.
- 4. The hearing will be held in English. Should you not understand English well, you may bring a fellow employee to assist as an interpreter.
- 5. You have the right to respond to the allegations and to call witnesses to give evidence on your behalf.
- 6. It is your duty to make arrangements for any witnesses required to be present at the hearing. If you require assistance in this regard you should notify management not later than 24 hours before the hearing.
- 7. You have the right to question any person giving evidence for the employer.

Note that if you do not attend the hearing without providing a reasonable explanation, the employer will be entitled to proceed with the hearing in your absence.





Management representative:				
Signed: Title:				
Kindly confirm that you have recei	ved this notice by signing b	elow:		
I, the undersignedacknowledge receipt of this notice.		(employee's	name and	surname),
Signature	Date and time	Place		
In the event of the employee refusi	ing to sign:			
I, the undersigned	, hereby confirm that I have			
witnessed a copy of this notice being	handed to		·	
Signature	Date and time	Place		