

TO BE ISSUED ON THE COMPANY LETTERHEAD

DATE:

NAME OF EMPLOYEE:

Notice to Attend a Hearing into Alleged Incompatibility

Dear

The following allegations, showing continued incompatibility have been brought to the attention of management:

- 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 incompatibility 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, please inform management therefore, at least 24 hours before the hearing so that an interpreter may be arranged.
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 received this notice by signing below:

I, the undersigned _____ **(employee's name and surname)**,
acknowledge receipt of this notice.

Signature

Date and time

Place

In the event of the employee refusing to sign:

I, the undersigned _____, hereby confirm that I have

witnessed a copy of this notice being handed to _____.

Signature

Date and time

Place