**AUTOMOTIVE SYSTEMS LIMA PHILS. INC.** 

anology Center, Lipa City, Batangas

NS

		INCIDENT F	EPORT	FORM		
D-Number:	Complete Name:		Section: -	Date of Incide	nt:	Date Issued:
t <b>4</b> -0174 <b>7</b>	Aizel C. Lamonte		PD-PD4 SUZÜĞÜ	April 26,2019		May 30,2019

14-01/4/	Alzei C. Lamo	nte	PD-PD4 S	UZUĶI	April 26,2019	May 30,2019
		Part 1: (To be fille			erior)	
		INC	IDENT REPO	DRT		
		A CONTRACTOR OF THE PARTY OF TH			7,00,00	
On April 26 2019, it range tag and pres	was reported tha	at you allegedly conducte orted by I-Alert named L.	ed not followin	ng Repair P	rocedure, you patch	hes the damaged STU witho
						•
n view of the abov nemorandum#HRG	e, please explain A-2018-04-14 Pena	in writing within 5 days alty for Major Non-Compli	why no disclance.	ciplinary ac	tion should be impo	osed on you for violating th
<u> </u>					<u> 1.</u>	
The allege offense m	aybe punishable l	by 1 to 5 days suspensior	1 for 1st offens	е.		
					<del>_</del>	
	, , , , , , , , , , , , , , , , , , , ,			···		<del></del>
(Please explain i	n writing within	_ hours/days upon receipt o	f this report. Fa	ilure to do so	, means you have waiv	red your right to be heard.)
		FREQUE	NCY OF OFF	ENSE		All the state of t
1st-Offense	2nd Offe	ense 3°°	<sup>1</sup> Offense		] 4th Offense	5 <sup>th</sup> Offense
- J-pr						
sued by:	W	Noted by: Katherine O. Cabrera	5/20/19	Received by E	mployee: Af	Date Received:
Immediate Su	perior	Manager			Aizel C. Lamonte	
Signature over Prin		Signature over Printed	Name	Sign	ature over Printed Name	05-30-19
		Part 2: (To be fille	d-in by concer	ned employe	e)	
			PLANATION			
					- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
Nakaras Isr	al PG 6163	rg Mixa		****		A = A A A
is at body		h 10/71/00 00	CHASECUCII.		t total ABSC	to ra sto 4m
	ion fig. card i	withing by	KOT(1 - 12		LEVEL DE YOU	at nung time do
				-		on no po nuna ako
appearance	raci hawak	to in what Po	व्यक्त व्यक्त	tronce to	apas tonkok a	an to our abbearance
ng sint pong	wy Hagowa	reman po kani	ng wan	st tag	kaso hndi n	ago ranin naitutoy
	~	ni nakatawag		_		,
reactions poo	jkakanali shi	ndi a fo rowul	it. Leav	Y rox f	30 ca akn.	ard rand-by.
					· · · · · · · · · · · · · · · · · · ·	
71	10	Date prepare	əd:		V /	Date Received:
AIZEL	LANDNIE		· <del>- ·</del>	1 1	CARABA 6/1/19	Date Medelved.
	loyee Name	<u>05-3</u> 0-	·14.	Exp	lanation received by:	06-01-19
Signature	over Printed Name				ature over Printed Name	

Dismissal Effective Date: Offenses Against:  Remarks:	ouse of
Jr. Stapp admitted that she conducted repair on str. without arange tag an of the personal. She accepted what ever the punishment she will receive become this violation.    RECOMMENDATION/CORRECTIVE ACTION	. 17:
Jr. Stapp admitted that she concluded repair on stu without arrange tag " an of OA personel. She accepted whatever the punishment she will receive become this violation.    RECOMMENDATION/CORRECTIVE ACTION	. 172
RECOMMENDATION / CORRECTIVE ACTION  Suspension	. 172
RECOMMENDATION / CORRECTIVE ACTION  Suspension	
RECOMMENDATION / CORRECTIVE ACTION  SuspensionWorkings Days Date fromAug_ 5toAug_ 5 Date Returned to workAug_ 5  Dismissal Effective Date: Offenses Against:	) 6
SuspensionWorkings Days Date fromAuc5toAuc5 Date Returned to workAuc5 Dismissal Effective Date: Offenses Against: Remarks:	, 6
SuspensionWorkings Days Date fromAuc5toAuc5 Date Returned to workAuc5 Dismissal Effective Date: Offenses Against: Remarks:	)
Remarks:  Ssued by:  Recommended by:  Approved by:  Approved by:  Noted By	
Ssued by:  Recommended by:  Approved by:  Approved by:  Noted By	
Ssued by:  Recommended by:  Approved by:  Approved by:  Noted By	
Ssued by:  Recommended by:  Approved by:  Approved by:  Noted By  Noted By	
Way 19	•
The state of the s	
The state of the s	
Immediate Superior Section/ Department Manager Human Resources	okuda
Signature over Printed Name   Sign	President
rate: Date: 07-17-16 Date: Date:	v,
Date: Date: Date: Date: Date:	•
Note: For recommendation of the imposition of lesser penalty of verbal / written warning, aside from the signature of the immediate superior 8	
By signing this notice, I am acknowledging that I have read and understood the information in this IR Form and I hav Informed of the consequences of my action.	Cocci
AUFI LATORY	
Employee Signature over Printed Name:	**
Date Received: 08-03-19	
***	

af Model / Line No.	Suzuki/5117	Picture	A elle e Tet
Date / Time	April 26, 2019/02:00 Pm		Action Taken
lame / ID No.	Aizel Lamorte/1401747		
hift / Group	DS/A		
atch No.	24		•
rocess	- Appearance Process	i	
AS or Agency: specify	FAS(Jr.Staff)		
erson informed	J.Topacio	· •	
udited by:	L.Delen	*	
D	etails	N/A 3	<del></del>
<u>ot following Repair Pr</u>	ocedure		
Staff patches the da	naged STU without		
range tag and presen	ce of QA	, <u>;</u>	
- <del> </del>			
emarks; Jr.Staff only	certified on Inspection		
· · · · · · · · · · · · · · · · · · ·			

·	
	•
and the second s	
	•
	· · · · · · · · · · · · · · · · · · ·
	**************************************
1 MAN 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Andrew Control of the	·
and the state of t	
	The state of the s
	F151
	4 0
	<u> </u>
	£