

зае Support винаіля (SSB). Administration Area. Lot 14. Phase 1-A. FPIP. Sto. Tomas, Batangas, Philippines Tel No.: (043) 405 6388-89 / (043) 405 6407-08

No. Offense: 2

C7107

ACKNOWLEDGE BY:

## MEMORANDUM NO. HRADM

TO

: 19\_PK30780

De Torres, Jonalyn Dela Cruz

**FROM** 

: PKIMT Management

SUBJECT

: Notice for Suspension

No. of Offense

: 3rd Offense

DATE

August 31, 2019

This refers to the alleged offense(s) you have committed at

8/14/2019

to name:

ACKNOWLEDGEMENT FORM
COMMENTS/ ASSESMENT

De Torres, Jonalyn Dela Cruz

Violation Offense No.V

## OFFENSES AGAINST COMPANY INTEREST

Section No. 14

Omission or commission of an act in connection with or against the policies & procedures, SOPs, set work guidelines & to the particular duties and responsibilities inherent to the employee's work

**Description:** 

## Not following SOP (Unauthorized repair)

You are hereby given 5 days upon reciept of this letter to explain in writing why you should not given a disciplinary action for such offense. Failure to comply would mean you voluntarily waive your right to due process and the company has no recourse but to implement the penalty provided for based in our company rules and regulations.

This is for your guidance and strict compliance.

NOTED BY:

PKIMT Management

Conforme:

19\_P||30780

**FURUKAWA - Production Operator** 

(Please attach your written explanation upon returning of this letter)

## I ALERT WRITTEN EXPLANATION

FAS	Control No: + ALP-1A-1908-870
AGENCY Please Specify: PK IMT	Ditiemsen G. Magadia Audited By: Noted By:
Details:	Process: Group/Shift: Date/ Time: No. of Offense: Superior Name: R. Redes  Repair   Hidden Repair  Claim defect, she cought moving claims an dimension
WRITTEN EXPLANATION	
Through D. De Torres Greent Till I Alers MS. D. Tichnerm Betchuse I move  The P. R. ANIBA BACKWARD OFFICE I can seet the maximum measure of etc. The ut can't  post the maximum or munimum incressionisms so the to indee that P. R. That can cause a  minimist because I'm not a authorized berson IP Do That. And JR 979F, 579F are authorized  person to repair those No III the Harriss. I'm surry I can not Do That asam.  Country massive :  Corp call walt  elip the comfirmation tage	
2 days suspension Sine Penalty All	
Signature of Employee Date 06-17-19  Date 19-19-19	1. Prionci Supervisor Manager Date:  Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: