

PKIMT

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

MEMORANDUM NO. HRADM

TO : 18_PK28096

NAME : Casapao, Ellaine Jane Caringal

FROM : PKIMT Management

SUBJECT : Notice for Suspension

No. of Offense : 2nd Offense

DATE : January 31, 2020

| PKIMT ACKNOWLEDGEMENT FORM | |
|----------------------------|-----------------------------------|
| COMMENTS/ ASSESSMENT | |
| No. Offense | 2nd |
| | 2 days suspension |
| | 4/20-21/2020 to 7/8-9/20 |
| Line | DATE ISSUED 2/1/20 |
| | 9. m. J. Caringal |
| ACKNOWLEDGE BY: | |
| MANAGER | Signature Over Printed name/ Date |

This refers to the alleged offense(s) you have committed at 1/6/2020 to name: Casapao, Ellaine Jane Caringal

Violation Offense No. V

OFFENSES AGAINST COMPANY INTEREST

Section No. 10

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:

Unauthorized person doing the process

You are hereby given 5 days upon receipt of this letter to explain in writing why you should not be 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: 18_PK28096

FURUKAWA - Production Operator

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

MEMORANDUM NO. HRADM

TO : 18_PK28096

NAME : Casapao, Ellaine Jane Caringal *signature*

FROM : PKIMT Management

SUBJECT : Notice to Explain

No. of Offense : 2nd Offense

DATE : 30-Jan-20

This refers to the alleged offense(s) you have committed at 6-Jan-20 to name: Casapao, Ellaine Jane Caringal

Violation Offense | V

OFFENSES AGAINST COMPANY INTEREST

Section No. 10

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

Unauthorized person doing the process

You are hereby given 5 days upon receipt of this letter to explain in writing why you should not be 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: *signature*
18_PK28096

FURUKAWA - Production Operator
(Please attach your written explanation upon returning of this letter)

I-ALERT WRITTEN EXPLANATION

☐ FAS

Control No: FALP 1A-2001-3278 ⁰¹³

☒ AGENCY

Please Specify: PRINT

| | |
|----------------------------------|--------------------------------|
| <u>G. Magadia</u> Audited By: | <u>G. Magadia</u> Noted By: |
|----------------------------------|--------------------------------|

Name: Casapao, Effaine Jane
Position: associate
ID Number: 12 PK 28096
Batch No.: 298
Car Model/Line: Daihatsu Lupo

Process: assembly process
Group/Shift: 0518
Date/Time: Jan. 6, 2020 / 10:42
No. of Offense: 1st
Superior Name: J. Javier

Audit Findings: un-authorized person doing the process

Details:

associate conduct attachment of VS and taping process certified only on tci keron process

WRITTEN EXPLANATION

Sorry po kung nagprocess po ako ng hindi po ako certified
hindi ko po kasi alam na maraming badge ang taping ehala ko po
kasi ba habat option taping kya ay pwede kel magtape, rin pala po ay
hindi. Sorry po, di ko ba po ulitin usa sumana kahina po.

*and EPP
one hour
1/6/20*

Remarks/Evaluation

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | I-Alert Written Explanation Only |
| <input type="checkbox"/> | Agency/FALP Written Explanation Only (based from Handbook) |
| <input checked="" type="checkbox"/> | Need day/s Suspension (based from FALP Handbook & Memo for Major Non- Compliance) |

| | | | | |
|--|---|---|--|---|
| <u>[Signature]</u> Signature of Employee Date: <u>01/20/20</u> | <u>[Signature]</u> Ir Staff Date: <u>01/20/20</u> | <u>[Signature]</u> Staff Date: <u>1/20/20</u> | <u>[Signature]</u> Supervisor Date: <u>1/21/20</u> | <u>[Signature]</u> Manager Date: <u>1/22/20</u> |
|--|---|---|--|---|