

DISCIPLINARY ACTION MEMORANDUM

EMPLOYEE NAME: CORTEZ, MAY

EMPLOYEE NUMBER: BF-17623

DEPARTMENT: DAIHATSU 2106

DATE: AUGUST 14, 2020

SUBJECT: OFFENSES AGAINST PRODUCTIVITY (1ST OFFENSE)

RECOMMENDATION:

This is in reference with your written explanation regarding your alleged violations of Maxim de Humana Int'l Inc. Employee Code of Conduct and Discipline under Article 8. OFFENSES AGAINST WORK/BUSINESS STANDARDS; section no. 7; Failure to follow business standards, operation procedures, work instructions or work practices which may or not result to damage of company property.

VIOLATION COMMITED: NOT FOLLOWING SOP. Associate conduct advance insertion of 3 wires on connector SSG-TP-22F-L wire color L/Vi/G, last July 2, 2020.

It is clearly stated in Maxim de Humana Int'l Inc., Code of Conduct and Discipline the grounds for this violation. As an employee, you are required to follow all the rules and regulations of our company. Your reason is not enough for you not to be given a disciplinary action.

1 DOW suspension for the said violation of our Employee Code of In view of this, you are hereby given a Conduct.

You are now forewarned that the next similar offense will already lead to a more severe disciplinary action.

PREPARED BY:

acorocco

Emily L. Osorio

MDHII HR COORDINATOR

NOTED BY:

Michelle A. Fajardo

MDHII HEAD COORDINATOR

RECOMMENDATION

DATE OF SUSPENSION:

september 8, 2020

DATE RETURNED TO WORK SHIFT:

NEED FOR REFRESHER:

september 9, 2020

montes GRATURE OF EMPLOYEE

APPROVED BY:

OLATE SUPERVISOR

Iwanan ang ID sa Coordinator bago ang suspension date kunin ito pagbalik after suspension bago mag 8am/pm.

Received by:

EMILY 1. DISDITED

Employee's Signature Over Printed Name/Date

Signature Over Printed Name/Date

FAS	I-ALERT WRITTEN EXPLANATION
AGENCY Please Specify: Mp#1 Name: Position: Associate ID Number: Mr 7623 Batch No.: 29 Car Model/Line: Definition Associate Details of Audit Find Associate Londuct advance Plo and nagent Adhil wala aa ko aa po ang	Process: Group/Shift: Date/ Time: No. of Offense: Control No: Audited By: Checked by: Checked by: Non-compliance Reference/Docur
Employee Date: 07-14-10	REMARKS/ EVALUATION Agency/FALP Written Only(based on handbook) In handbook & Memo for Major Non-compliance). In Staff Dit Staff Date: Date