

## FURINAWE AUTOMOTIVE SYSTEMS LIMA PHILS. INC.

Lima Technology Center, Lipa City, Batangas

## INCIDENT REPORT FORM

ID Number:	Complete Name:		Section:		Date of Incident:	Date Issued:		
14-01956 Magpantay, Juvilyn		Production 2/5	AMARICA (Security Constitution of Security Con	October 27, 2020	January 26, 2021			
Part 1: (To be filled-in by the Immediate Superior)  INCIDENT REPORT								
			NGIDENT KEPOK			(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
					<b>N</b>			
			VIOLATION:					
On January 23, 2021 i	it was reported t n reviewing of C	hat you allegedly "Co ustomer Claim Invest	onducted unauthoriz tigation" as reported	e/hidden by QA-CS	repair on Appearance Insp GG Group	ection Process base on		
In view of the above,   for violating the Comp	please explain in cany Policy C Se	writing within 5 days	s or until January 30 s "Any attempt to co	, 2021 why nduct Una	y no disciplinary action sho authorized repair without us	ould be imposed on you sing prohibited tools.		
The allege offense is pof right to be heard an	punishable by So nd we shall proce	uspension. Your failu eed processing the ca	re to submit the writ	ten explar	nation as required shall be t	reated as your waiver		
(Please expl	ain in writing with	in 5 days upon receipt o	of this report. Failure to	do so, me	ans you have waived your rigi	nt to be heard.)		
en professioner		and the same of th	EQUENCY OF OFFI	CONTRACTOR OF THE PROPERTY OF				
1st Offense	2nd Off	ense C	☐ 3 <sup>rd</sup> Offense		☐ 4 <sup>th</sup> Offense	5th Offense		
Issued by: Rommel Gil.	Retz	Noted by: Jerald Ge	nadillo	Received by	Employee: Jump Jump Jump Jump Jump Jump Jump Jump	Date Received:		
Immediate Su Signature over Prir		Mana Signature over I		Sig	nature over Printed Name			
		Part 2: (To be	e filled-in by concerne		9)			
			EXPLANATION					
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	and the	1/20/2/ Date	e prepared:		many.	Date Received:		
E	mployee Name re over Printed Name	was de	- H20/21	E	xplanation received by: Signature over Printed Name	1/24/2/		
was a constructive of the	THE CONTRACTOR OF THE CONTRACT	to an an arrangement of the second of the se	na ta democrata provincia na mai mai proprio de constituir de ser facilitat de constituir de Actual de Constituir	eccessiones eccession accessions	essential de la companya de la comp Montante de la companya de la compa	Account of the second s		

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EFF: 09/15/18

Part 3: (To be filled-in Immediate Superior) **EVALUATION / INVESTIGATION** Minor Offense ☐ Verbal Warning ☐ Written Warning Major Offense ✓ Suspension ☐ Dismissal Result of Investigation: her pocket un identified CCTV RECOMMENDATION / CORRECTIVE ACTION Date from 3/23 3/25 Workings Days Suspension Date Returned to work Dismissal Effective Date: Offenses Against: evidence, concuete or poolerge clear Remarks: suspension unauthor Issued by: Recommended by: Approved by: Noted By Jeohadillo Garcia m. To Kuda Human Resources (Signature over Printed Name) Immediate Superior Section/ Department Manager President (Signature over Printed Name (Signature over Printed Name) (Signature over Printed Name) 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 & Manager, the approval of Human Resource is needed before implementing the Disciplinary Action. In case/s of SUSPENSION and/or TERMINATION, the President's signature must affix before implementing the Disciplinary Action. By signing this notice, I am acknowledging that I have read and understood the information in this IR Form and I have been Informed of the consequences of my action.

Employee Signature over Printed Name:

Date Received: 3/22/24

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C- 1-5 days



## FURUKAWA AUTOMOTIVE SYSTEMS LIMA PHILIPPINES. INC.

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	Seminar
	Orientation
	Meeting
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Title: Venue: Facilitator: Incident Report Hearing Production 2 / Section 4 Control Area

Date: <u>Jan. 26, 2021</u> Time: 5:25 PM

	NAME	DEPARTMENT	POSITION	SIGNATURE
1 Rommel	Gil M. Raz	Section 4	.5V	10-18-
2 magpontay	, 444/41	lection y	Vr-Vtaft	The state of the s
3 Calala,	Garry M.	Section 4	ÅM	Sprach
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Note: This attendance form will be used as objective evidence of the completion of the above-named course by the attendees named herein.

Facilitators Signature/Date: