



Employee Incident Report			
Date	April 12, 2017		
Employee		Manager	
Name	QUIAMBAO, JORGE DAINE	Name	ELISCUPIDES, ROWENA
Title/positon	DATA & CONNECTIVITY SUPERVISOR	Title/position	GROUP ADMIN MANAGER
Incident			
Date	April 11, 2017		
Time	09:00 am		
Location	CR		
Description of Incident (State exactly what originally happened, who was involved; witnesses; what rule, policy, information security is involved)			
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Action Recommended by the Department Head			
<input type="checkbox"/> Verbal warning only	<input type="checkbox"/> Probation	<input type="checkbox"/> Dismissal	
<input type="checkbox"/> Written reprimand	<input type="checkbox"/> Suspension	<input checked="" type="checkbox"/> Other	
(Note: No action is to be taken until a review has been made by HR/OD Department)			
Signature of person preparing report _____ Date _____			
Signature of department head _____ Date _____			
Employee Remarks			
Signature of employee _____ Date _____			
(The signature of the employee acknowledges receipt of this form; it does not mean agreement with its content)			
Disposition and Distribution of this Form:			
1. The original must be sent to the HR/OD Department as soon as possible in order that any action taken will be timely. Written record of any action taken unless it is a verbal warning only, shall be placed in the employee's official record which is maintained in Human Resources			
2. A copy is to be retained by the employee's department. It will serve as documentation of a verbal or written reprimand			
3. A copy is to be given to the employee at the time the form is completed			