## Appendix 5: Disciplinary Fast Track Interview Transcript

**Disciplinary Fast Track Hearing Transcript**

|  |
| --- |
| **All fields of the Fast Track Request form MUST be completed prior to the Hearing.**Name of Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**To be completed during the hearing:**Date of Hearing ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Hearing­ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disciplining Authority ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR Representative (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Allegation(s) admitted:**­­­­­­­­­­­­* |
| Confirm that the above allegation(s) were accepted by the employee and that they confirmed that they understood the hearing may result in disciplinary action up to and including a final written warning. Yes/No (delete as applicable) |
| Detail any comments or statements relating to the incident including any mitigation put forward the employee or their representative at the hearing. |
| Detail, on reflection, what has been learnt from this incident and how will it be prevented from happening again?  |
| **ADJOURNMENT** Outcome:No sanction issued Informal Counselling First Written Warning Final Written Warning Please detail any other outcomes or recommendations (e.g. further support or training): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disciplinary Authority Signature­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Please share copy of completed transcript with employee and your HR Representative who will retain a copy on file as appropriate.* |