## Appendix 5: Disciplinary Fast Track Interview Transcript

**Disciplinary Fast Track Hearing Transcript**

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| **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.* |