



- ONONDAGA EMPLOYEE LEASING SERVICES, INC.
- ONONDAGA EMPLOYEE LEASING OF SYRACUSE, INC.

EMPLOYEE COUNSELING NOTICE

COMPANY _____

EMPLOYEE _____ SS # _____

DATE (S) OF INFRACTION _____

NATURE OF DEFICIENCY

___ INSUBORDINATION

___ SAFETY RULES

___ TARDINESS

___ ABSENTEEISM

___ FAILURE TO FOLLOW PROCEDURES

___ VIOLATION OF COMPANY POLICIES

___ OTHER _____

REMARKS _____

DATE _____

SUPERVISOR _____

___ I AGREE WITH THE ABOVE STATEMENT

___ I DISAGREE WITH THE ABOVE STATEMENT

I HAVE READ AND UNDERSTAND THE NATURE OF THIS DEFICIENCY AND FURTHER UNDERSTAND THAT IF THIS PERSISTS, IT WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

DATE _____

EMPLOYEE _____

THE ABOVE DEFICIENCY HAS BEEN EXPLAINED TO THIS EMPLOYEE AND HE/SHE UNDERSTANDS ITS SERIOUSNESS.

DATE _____

WITNESS TO WARNING _____

COPY GIVEN TO EMPLOYEE YES / NO