



Tri-Odyssey PEO, Inc

A Tri-State Company

www.odysseynv.com

1817 North Stewart Street, Suite 20, Carson City, NV 89706

• Tel 775-246-5200 •

EMPLOYEE WARNING NOTICE

(To be completed by work-site employer & employee)

Employee Name:	Date of Notice:	
Client Name:	Dept:	Date of Hire:

TYPE OF VIOLATION

<input type="checkbox"/> Attendance	<input type="checkbox"/> Willful Damage to Company Property	<input type="checkbox"/> Other:
<input type="checkbox"/> Tardy/Early Quit	<input type="checkbox"/> Violation of Policies/Procedures	<input type="checkbox"/> Other:
<input type="checkbox"/> Inappropriate Behavior	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Other:
<input type="checkbox"/> Unsatisfactory Performance	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

DESCRIPTION OF VIOLATION

Date of Incident:	Time:
-------------------	-------

EMPLOYEE STATEMENT

<input type="checkbox"/> I agree with Employer's statement.
<input type="checkbox"/> I disagree with Employer's description of violation for these reasons:

ACTIONS TO BE TAKEN

<input type="checkbox"/> Warning	<input type="checkbox"/> Probation	<input type="checkbox"/> Suspension	<input type="checkbox"/> Discharge
<input type="checkbox"/> Other:			
Consequence should incident occur again:			

I have read and understand this Employee Warning Notice:

Employee's Name (Print):	
Signature of Employee:	Date:
Supervisor who issued warning (Print):	
Signature of Supervisor:	Date: