Counseling Form

Counseling Date: 23 · 1.2024 Job Title: Name of Employee: Supervisor Name: Supervisor Title: Job Location: Incident Date/Performance Period: This counseling session is being held because of the following; ☐ Attendance/Absenteeism ☐ Insubordination ☐ Poor Performance □Non Serious and Casual Attitude □Tardiness and Late Comer□ Weak Supervision Skills ☐ Neglect of Duty □Violation of leave policy ☐Unprofessional Attitude Other (Specify) Nature of Incident: Corrective Action: **Employee Comments:** Counseling is intended to be a constructive process to assist you to identify, discuss and remedy aspects of your job performance or conduct that need improvement. As noted above, these aspects have been discussed with you and require your immediate attention. Failure to correct your conduct/performance may lead to further administrative action including discipline. Signature of Employee / Date Signature of Supervisor / Date 73-1.24

Employee's Official Personnel File in Human Resources

Immediate Supervisor

Original to:

Copies to:

CS CamScanner