Counseling Form

TRAINING CONSULTING		Counseling Date: 33: 1: 024
Name of En	nployee: BiBiBassa	Job Title:
Supervisor	Name:	Supervisor Title:
Job Locatio	ni:	Incident Date/Performance Period:
☐ Attendar ☐Non Serie	of leave policy Unprofession	n □ Poor Performance and Late Comer□ Weak Supervision Skills
Nature of I		ET EW CAN DE COME TO
Corrective	Action: <u>/ 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / </u>	3,13. 0° (in 6 7.7) m 26 m 36 (n) 5 (n)
Employee (Comments: Luli 3. 9	ر در میان س کر نیا به ا
	or conduct that need improvement. As note	assist you to identify, discuss and remedy aspects of your job d above, these aspects have been discussed with you and require
		ead to further administrative action including discipline.
Signa	ature of Employee / Date 24/1,	Signature of Supervisor
Original to: Copies to:	Employee Employee's Official Personnel File in Hu Immediate Supervisor	uman Resources