

Counseling Form

TRAINING
CONSULTING

Counseling Date: _____

Name of Employee: _____	Job Title: C/H/W
Supervisor Name: _____	Supervisor Title: A-5
Job Location: _____	Incident Date/Performance Period: 23-1-2024

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
 Violation of leave policy Unprofessional Attitude Neglect of Duty
 Other (Specify) _____

Nature of Incident: _____ Consolidating Section سے ہے

Corrective Action: _____ آج کے وقت فوشی سہتی جا آئے لگتے

_____ آیا اور ایم لوڈوں کا مسئلہ حل نہ ہو گیا اور میں بھی

Employee Comments: _____ انشاء اللہ اپنا کام پہ توجہ دو گئی
_____ ہمارے راتے ہے کہ ہم سب نے حل نہ
_____ خوشیاں سے کام نہ لے اور نہ کسی سے لڑائی جھگڑا کرے
_____ شکریہ

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.

Sadina
Signature of Employee / Date

Date - 23-1-2024

M. Mustafa
Signature of Supervisor /

Original to: Employee
Copies to: Employee's Official Personnel File in Human Resources
Immediate Supervisor