

## Counseling Form

TRAINING  
CONSULTING

Counseling Date: 23-1-2024

Name of Employee: <u>Faiara Abrar.</u>	Job Title: <u>CHW</u>
Supervisor Name: <u>Nadra</u>	Supervisor Title: <u>AS</u>
Job Location: <u>Samali</u>	Incident Date/Performance Period: <u>23-1-24</u>

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: \_\_\_\_\_

Conciling session    کونسلنگ سیشن  
UC samali    یو سی ساملی

Corrective Action: \_\_\_\_\_

مجھے یہ سب بہت اچھا لگا ہے۔ میرا ج بہت اچھا ہے کہ ان سب کے  
دل میرا بنا رہے۔ امید ہے کہ یہ سب ختم ہو جائیں گے اگر  
نہ ہو سکیں۔

Employee Comments: \_\_\_\_\_

Well does over all.  
Thank you.

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.

Faiara Abrar / 23-1-24

Signature of Employee / Date

Date

Nadra

Signature of Supervisor /

Original to: Employee

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