

Counseling Form

TRAINING
CONSULTING

Counseling Date: 23/1/2024

Name of Employee:	فاریہ	Job Title:	C.H.W
Supervisor Name:	پلو شہ	Supervisor Title:	A.S
Job Location:	Samali	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
 Violation of leave policy Unprofessional Attitude Neglect of Duty
 Other (Specify) _____

Nature of Incident: counseling session ur Samali

Corrective Action: سب کی ایک فیصلہ دور ہوئی اور میں نے ایک دور سے
سے رہائی مانگی اور سے عام سے نہیں بہت اچھے سے سوجھاں
اور کو شمس نہ شمس نے سے عام سے کیا باقی عمل نہ شمس

Employee Comments: میں اس جگہ کی میں سے بہت مطمئن ہوں

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.

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Signature of Employee / Date 23/1/2024

Date

[Signature]

Signature of Supervisor /

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