

Counseling Form

TRAINING
CONSULTING

Counseling Date: 23-1-2024

Name of Employee:	Job Title:
Supervisor Name: <u>Attal Khan</u>	Supervisor Title: <u>CHW</u>
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
 Violation of leave policy Unprofessional Attitude Neglect of Duty
 Other (Specify) _____

Nature of Incident:

کو سائنڈیشن

ایک دوسرے کے ہمہ ضروری شفا ایسا نہ کیا گیا تھا۔

Corrective Action:

اس پروگرام سے ہمیں یہ سیکھنے کو ملا کہ ایک دوسرے سے

Employee Comments:

در نظر فرمائیے۔

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.

گل سے

Signature of Employee / Date

Date

Original to: Employee

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

Immediate Supervisor

[Signature]

Signature of Supervisor /