

Counseling Form

Counseling Date: 23-1-2024

Name of Employee: <u>Jafar Khan</u>	Job Title: <u>AS</u>
Supervisor Name: <u>Sanaullah - Sab</u>	Supervisor Title: <u>UCOO</u>
Job Location: <u>Samali - Kili - Melkhalid</u>	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: Conduct - Session

Corrective Action: تثانہ اللہ سے زبانی رہی اور اس کے بعد اسے

Employee Comments: تثانہ اللہ سے اس کے بعد اسے

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.

[Signature]
Signature of Employee / Date

23-1-24

[Signature]
Signature of Supervisor /

Date

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