## **Counseling Form**

CONSULTING	Counseling Date: <u>33 1 at</u>
Name of Employee:	Job Title: C. H. W
Supervisor Name:	Supervisor Title: AS
Job Location:	Incident Date/Performance Period:
This counseling session is being held because of the following:  Attendance/Absenteeism	
Corrective Action:	
Employee Comments:	
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 lea	ad to further administrative action including discipline.
را کرئے ۔ Signature of Employee / Date	Signature of Supervisor /
Original to: Employee Copies to: Employee's Official Personnel File in Hun Immediate Supervisor	nan Resources