Counseling Form

TRAINING CONSULTING	Counseling Date: <u>A3.1.2024</u>
Name of Employee:	Job Title:
Nadia Noti	CHN
Supervisor Name:	Supervisor Title:
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Job Location:	Incident Date/Performance Period:
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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 Seasation UC Samuli	
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Employee Comments:	
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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.	
23.1.24	Signature of Supervisor /
Signature of Employee / Date :	Signature of Supervisor /
Date	
Original to: Employee Copies to: Employee's Official Personnel File in Huma	n Resources

Immediate Supervisor