

Counseling Form

TRAINING
COMMITTEE

Counseling Date: 23.1.2024

Name of Employee: <u>Nahida</u>	Job Title: <u>C.H.W</u>
Supervisor Name: <u>Nabeela</u>	Supervisor Title: <u>AS</u>
Job Location: <u>Samli</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: counseling session samli

Corrective Action: سب آف سامنے بات سے بہتر وقتا اور علاقہ بنانا
دور ہو کر رہیں۔

Employee Comments: مجھ بھاری رائے ہے کہ آئندہ وسیع عملی کر رہے
ہم کریں۔

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.

Nahida
Signature of Employee / Date
Date

[Signature] 23/1/24
Signature of Supervisor /

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